

YOUR GROUP TERM LIFE INSURANCE PLAN

For Employees of
Catholic Health Services of Long Island

**All Eligible Employees other than NYSNA Union
at St. Catherine's Hospital and St. Charles Hospital**

GROUP TERM LIFE INSURANCE CERTIFICATE

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

Claims: 888-238-4840

Customer Service: 800-955-7736

<http://voya.com/us>

POLICYHOLDER: Catholic Health Services of Long Island
GROUP POLICY NUMBER: 73110-2GAT2
POLICY EFFECTIVE DATE: January 1, 2023
POLICY ANNIVERSARY DATE: January 1
GOVERNING JURISDICTION: New York

ReliaStar Life Insurance Company of New York certifies that we have issued the group Policy listed above to the Policyholder. The Policy is available for you to review if you contact the Policyholder for more information. Subject to the provisions of this Certificate, we certify that eligible Employees are insured for the benefits described in this Certificate.

The Certificate is part of the group Policy but by itself is not a policy. This Certificate replaces any other Certificates we may have given you under the Policy. Your coverage may be changed under the terms and conditions of the Policy. The Policy is delivered in and is governed by the laws of the state of New York and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments. Your rights and benefits under the Policy will not be less than those stated in your Certificate. Nothing in the Policy invalidates or impairs any rights or benefits as stated in this Certificate or granted by New York Law.

For purposes of effective dates and ending dates under the Policy, all days begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address.

In this Certificate, "you" and "your" refer to an Employee who is eligible for coverage under the Policy; "we", "us" and "our" refer to ReliaStar Life Insurance Company of New York.

READ THIS CERTIFICATE CAREFULLY! Insurance benefits may be subject to certain requirements, reductions, limitations and exclusions. Certain war risks are not assumed.

Changes may reduce, restrict or terminate your rights or benefits under the Policy. Such changes, reductions, restrictions or termination may occur at a time when your health status has changed and may affect your ability to procure individual coverage. Your health status will not affect your rights under the CONVERSION provision.

GROUP TERM LIFE INSURANCE

Term life insurance provides a benefit to a named Beneficiary upon the death of a person insured under a policy, with benefits payable only if a loss occurs within its term. Group insurance covers a group of persons under a single policy issued to a group policyholder. The Policy is nonparticipating, meaning there are no rights to dividends or to a share of the insurance company's profits. The Policy is conditionally renewable on each Policy anniversary.

Premiums for Basic Life Insurance are Noncontributory by insured Employees. Premiums for Supplemental Life Insurance are Contributory by insured Employees.

Signed for ReliaStar Life Insurance Company of New York at its administrative office in Minneapolis, Minnesota on the Policy effective date.



Michael S. Smith
President



Melissa A. O'Donnell
Secretary

TABLE OF CONTENTS

Section	page
Cover Page.....	1
Table of Contents.....	2
Schedule of Benefits.....	3
Definitions.....	5
General Provisions.....	7
Life Insurance Benefits.....	14
Exclusions and Limitations.....	16

Policyholder's Contact Information:

Catholic Health Services of Long Island, 922 N Village Avenue, Rockville Centre, New York 11570

This Certificate does not insure residents of the following states: Montana, New Mexico, Vermont, and Washington.

California residents:

If you are age 65 or older on the effective date of any Contributory coverage under the Policy, then you have 30 days from the date you receive your initial Certificate to cancel your coverage and have your full Premium contribution and any policy or membership fee paid refunded, by returning the Certificate to the Policyholder by mail or other delivery method for cancellation without claim.

Florida residents:

The benefits of the Policy providing your coverage are governed primarily by the law of a state other than Florida.

Maryland residents:

The group insurance policy providing coverage under this certificate was issued in a jurisdiction other than Maryland and may not provide all of the benefits required by Maryland law.

SCHEDULE OF BENEFITS

EMPLOYER(S): Catholic Health Services of Long Island

GROUP POLICY NUMBER: 73110-2GAT2

ELIGIBLE CLASS(ES)

All Eligible Full-time and Part-time Employees other than NYSNA Union at St. Catherine's Hospital and St. Charles Hospital.

You must be an Employee of the Employer and in an eligible class.

Temporary and seasonal workers are excluded from coverage.

MINIMUM HOURS REQUIREMENT FOR EMPLOYEES WORKING 12 HOUR SHIFTS

18 hours per week.

MINIMUM HOURS REQUIREMENT FOR ALL OTHER EMPLOYEES

18.75 hours per week.

ELIGIBILITY WAITING PERIOD

Persons in an eligible class on or before the Policy effective date: End of the month in which you complete a continuous period of 60 days of Active Employment

Persons entering an eligible class after the Policy effective date: End of the month in which you complete a continuous period of 60 days of Active Employment

REHIRE

If your employment with the Employer ends and you are rehired within 6 months, your previous Active Employment while in an eligible class will apply toward the Eligibility Waiting Period. All other Policy and Certificate provisions apply.

BASIC LIFE INSURANCE

Basic Life Insurance is Noncontributory by Employees.

Eligible Class(es)	Amount
All Eligible Full-time Employees	1 times your Basic Yearly Earnings, with a minimum amount of \$20,000 to a maximum amount of \$650,000
All Eligible Part-time Employees	1 times your Basic Yearly Earnings, with a minimum amount of \$5,000 to a maximum amount of \$650,000
All Eligible Employees electing Imputed Income	\$50,000

An insurance amount that does not equal an increment of \$1,000 is rounded to the next higher \$1,000.

Your Basic Yearly Earnings are rounded to the next higher \$1,000.

MAXIMUM AMOUNT OF BASIC LIFE INSURANCE FOR ALL ELIGIBLE EMPLOYEES

\$650,000

MAXIMUM AMOUNT OF BASIC LIFE INSURANCE FOR ALL ELIGIBLE EMPLOYEES ELECTING IMPUTED INCOME

\$50,000

SUPPLEMENTAL LIFE INSURANCE

Supplemental Life Insurance is Contributory by Employees.

Eligible Class(es)	Amount
All Eligible Employees	1 to 6 times your Basic Yearly Earnings, with a minimum amount of \$10,000 and a maximum amount of \$1,500,000

An insurance amount that does not equal an increment of \$1,000 is rounded to the next higher \$1,000.

Your Basic Yearly Earnings are rounded to the next higher \$1,000.

MAXIMUM AMOUNT OF BASIC PLUS SUPPLEMENTAL LIFE INSURANCE

\$1,500,000

BENEFIT REDUCTIONS FOR ALL ELIGIBLE EMPLOYEES

Basic Life Insurance

Your insurance amount will decrease as follows:

- To 65% of the original amount on the first day of the month that is on or next follows your 70th birthday.
- To 45% of the original amount on the first day of the month that is on or next follows your 75th birthday.
- To 30% of the original amount on the first day of the month that is on or next follows your 80th birthday.
- To 20% of the original amount on the first day of the month that is on or next follows your 85th birthday.

Reduced insurance amounts are not rounded.

COST OF CONTRIBUTORY INSURANCE

Your Premium cost for Contributory insurance is calculated as a cost per \$1,000 at the beginning of each Policy year. Please contact the Policyholder for specific information about your cost.

OPTIONAL RIDERS AVAILABLE

Your completed enrollment will indicate which riders you elected. For details on each rider, see the rider.

SPOUSE LIFE INSURANCE RIDER

CHILDREN'S LIFE INSURANCE RIDER

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) RIDER

DEFINITIONS

Active Employment or **Active Employee** means you are working for the Employer for earnings that are paid regularly and you are performing the material and substantial duties of your regular occupation. You must be working at least the minimum number of hours as described under the MINIMUM HOURS REQUIREMENT shown in the SCHEDULE OF BENEFITS.

Your work site must be one of the following:

- The Employer's usual place of business;
- An alternative work site at the direction of the Employer, including your home; or
- A location to which your job requires you to travel.

Normal vacation is considered Active Employment.
Temporary and seasonal workers are excluded from coverage.

Basic Yearly Earnings for All Eligible Employees means the yearly salary or wage you receive for work done for the Employer as of the later of the Policy effective date, or the immediately preceding Policy anniversary date, or your hire date. It does not include bonuses, commissions or overtime pay.

Beneficiary means the person(s) or entity to whom we will pay the life insurance benefits in accordance with the BENEFICIARY and PAYMENT OF PROCEEDS provisions.

Certificate means this document that describes the benefits and rights of insured Employees under the Policy. It may include riders, endorsements or amendments.

Contributory means insurance for which insured Employees are required to pay any part of the Premium.

Eligibility Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that you must be in Active Employment in an eligible class before you are eligible for coverage under the Policy.

Employee means a person who is a citizen or legal resident of the United States in Active Employment with the New York Employer.

Employer means the Policyholder and includes any division, subsidiary or affiliated company named in the Policy.

Evidence of Insurability means your affirmation, on a form acceptable to us, of various factors that we will use to determine if you are approved for coverage. Those factors may include, but are not limited to, your medical history and treatment, driving record, and/or family medical history. We may also, at our expense, request additional information to determine your eligibility for coverage.

Noncontributory means insurance for which insured Employees are not required to pay any part of the Premium.

Policy means the Written group insurance contract between us and the Policyholder, including the Certificates issued to insured Employees. It may include riders, endorsements or amendments.

Policyholder means the entity to whom the Policy is issued, as shown on the first page of this Certificate.

Premium(s) means the amount the Policyholder and/or you must pay to us for the insurance provided under the Policy.

Signed means any symbol or method executed or adopted by a person with the present intention to authenticate a record, and which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law.

Total Disability or **Totally Disabled** means that due to an injury or disease you are unable to perform the material duties of your regular job, and you are unable to perform any other job for which you are fit by education, training or experience.

Total and Permanent Disability means that due to injury or disease you are unable engage in any occupation for pay or profit, and this inability has been continuous for at least 6 months.

Written or **Writing** means a record which is on or transmitted by paper, electronic or telephonic media, and which is consistent with applicable law.

GENERAL PROVISIONS

ELIGIBILITY

If you are an Employee in an eligible class (shown on the SCHEDULE OF BENEFITS), the date you are eligible for coverage is the later of the following:

- The Policy effective date.
- The day after you complete your Eligibility Waiting Period.

ENROLLMENT

If you are eligible for Contributory coverage, you must enroll for any Contributory coverage before it will become effective. We or the Employer will provide you with the forms or information needed to complete your enrollment. You may need to provide Evidence of Insurability, as described below.

No enrollment is required if the Policy replaces a group policy issued by us or by another insurance company, and you were covered under the prior policy on the day before that policy was replaced by our Policy. The amount of Contributory coverage that becomes effective on our Policy effective date will be at the same level as under the prior policy, subject to the terms of our Policy including any maximum coverage amounts under our Policy.

EVIDENCE OF INSURABILITY

Evidence of Insurability is required for coverage under the conditions described below. Coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of the increase. We must approve any required Evidence of Insurability before coverage becomes effective.

Basic Life Insurance

Coverage on the Policy effective date continued from the Employer's prior Policy...

Initial eligibility under the Employer's plan for basic coverage on or after the Policy effective date...

Increases due to salary, job or class changes...

Evidence Required

Any amount exceeding the lesser of the most recent coverage from the Employer's prior Policy

Evidence is not required for any amount less than or equal to the plan maximum

Evidence is not required for any increase in which the total Basic Life Insurance amount is less than or equal to the plan maximum

Supplemental Life Insurance

Coverage on the Policy effective date continued from the Employer's prior Policy...

Initial eligibility under the Employer's plan for supplemental coverage on or after the Policy effective date...

Enrollment for supplemental coverage on the Policy effective date, for employees who had supplemental coverage under the Employer's prior Policy...

Enrollment for supplemental coverage on the Policy effective date, for employees who had no supplemental coverage under the Employer's prior Policy...

Enrollment at a scheduled annual enrollment period after the Policy effective date for an increase to existing supplemental coverage...

Enrollment at a scheduled annual enrollment period after the Policy effective date for initial supplemental coverage...

Evidence Required

Any amount exceeding the lesser of the most recent coverage from the Employer's prior Policy

Any amount exceeding 3 times your basic yearly earnings

Any increased amount exceeding 3 times your basic yearly earnings

Any amount exceeding 3 times your basic yearly earnings

Any increased amount exceeding 1 times your basic yearly earnings

All amounts

Enrollment within 31 days after a change in family status as documented and approved by the Employer and valid during this enrollment...

Any increased amount exceeding 3 times your basic yearly earnings

Any new or increased supplemental coverage not described above, including enrollments more than 31 days after initial eligibility...

All increased amounts

EFFECTIVE DATE OF COVERAGE

For Noncontributory coverage, you will be covered at 12:01 a.m. standard time at the Policyholder's address on the date you are eligible for coverage.

For Contributory coverage, you will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date you are eligible for coverage, if you enroll for coverage on or before that date.
- The date you enroll for coverage.
- The date we approve your Evidence of Insurability, if Evidence of Insurability is required.
- The date you return to Active Employment, if you are not in Active Employment when your coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if you were in Active Employment on your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, approved nonmedical leave of absence and paid time off for nonmedical-related absences.

EFFECTIVE DATE OF CHANGES TO COVERAGE

Once your coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The first day of the month that is on or next follows the date of the increased or additional coverage, if you are in Active Employment.
- The first day of the month that is on or next follows the date you return to Active Employment, if you are not in Active Employment on the date the increased or additional coverage would otherwise start.
- The first day of the month that is on or next follows the date we approve your Evidence of Insurability, if Evidence of Insurability is required.

Any decrease in coverage other than benefit reductions noted on the SCHEDULE OF BENEFITS will take effect at the end of the month but will not affect a payable claim that occurs prior to the decrease.

CHANGE OF INSURANCE CARRIERS

We will provide continuity of coverage under our Policy if both of the following are true:

- You are not in Active Employment due to sickness or injury or due to an Employer-approved non-medical leave of absence on the date the Employer changes insurance carriers to our Policy.
- You were covered under the prior group life policy, including payment of premiums to the prior insurance carrier when due, on the day before the coverage for your eligible class under our Policy became effective.

You are not eligible under this provision if any of the following are true:

- Your coverage is being continued under a waiver of premium (or any similar) provision of the prior policy.
- Your coverage is being continued under a continuation or portability provision of the prior policy.
- You converted your coverage with the prior insurance carrier.
- You are not in Active Employment due to reasons other than sickness, injury or an Employer-approved non-medical leave of absence.

If you are eligible for continuity of coverage under this provision, we will provide limited coverage under our Policy. Coverage under this provision will begin on the date your eligible class is covered under our Policy and will continue until the earliest of the following:

- The date you return to Active Employment.
- The date the Employer-approved leave of absence ends.
- The date your continuation would end under the terms of our Policy.
- The date your continuation would have ended under the terms of the prior policy.
- The date coverage would otherwise end, according to the provisions of our Policy.
- 12 months following the date you were last in Active Employment.

Your coverage under this provision is subject to payment of Premiums.

Any benefits payable under this provision will be the lesser of the amount of coverage under the prior policy had it remained in force, or the amount you are eligible for under our Policy. We will reduce our payment by any amount paid under the prior policy.

If your coverage under this provision ends while the Policy is in force, and you are not otherwise eligible for insurance under the Policy, then you will be eligible for conversion as described in the CONVERSION provision.

If you were not covered under the Employer's prior policy on the date that policy terminated, then the EFFECTIVE DATE OF COVERAGE provision will apply.

POLICY TERMINATION

The Policy can be terminated either by us or by the Policyholder.

We may terminate the Policy on any Premium due date for the following reasons:

- The Policyholder does not promptly provide us with information that is reasonably required, or fails to perform any obligation required by the Policy and applicable law.
- The Policyholder fails to provide Signed consent for a change to the Policy that is required by state or federal law or applicable regulations, when such change eliminates or reduces benefits or rights under the Policy.

We may terminate the Policy on any Policy anniversary for the following reasons:

- There is less than 100% participation of eligible Employees for Noncontributory insurance.
- There is less than 50% participation of eligible Employees for Contributory insurance.
- Fewer than 20 persons are insured under the Policy.

If the Policyholder fails to pay the full Premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

We may terminate the Policy for any reason on any Policy anniversary.

If we terminate the Policy for reasons other than the Policyholder's failure to pay Premiums, Written notice will be mailed to the Policyholder at least 31 days prior to the termination date.

The Policyholder may terminate the Policy by Written notice delivered to us at our home office at least 31 days prior to the termination date. The Policy will terminate on the later of the date stated in the Written notice or the date we receive the notice. When both the Policyholder and we agree, the Policy can be terminated on an earlier date.

If the Policy is terminated, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy is terminated, the termination will not affect a payable claim.

Written notice of the Policy termination must be provided by the Policyholder to all insured Employees as soon as reasonably possible. The notice must include information regarding the rights to conversion and other rights, if any, as provided in the Certificate(s) and riders. If notice of the conversion right is not given on a timely basis, the right to convert will be extended as described in the CONVERSION provision of the Certificate(s) and riders.

If the Policy is terminated, all Premiums due must be paid to us. If we accept Premium after the date of Policy termination, such acceptance will not act to reinstate the Policy, and we will refund any unearned Premium that we receive.

TERMINATION OF COVERAGE

Your coverage under the Policy ends on the earliest of the following dates:

- The date the Policy terminates.
- The date coverage for all Active Employees under the Policy terminates.
- The date you are no longer in an eligible class.
- The date your eligible class is no longer covered.
- The date you voluntarily cancel your Contributory coverage, as allowed by the Employer.
- The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the Policy grace period.
- The last day you are in Active Employment.

We will pay benefits for a loss that occurs while you are covered under the Policy.

CONVERSION

You may convert your life insurance, without Evidence of Insurability, to an individual life insurance policy if any part of your life insurance under the Policy stops for one of the following reasons:

- Your coverage ends according to the TERMINATION OF COVERAGE provision other than your voluntary cancellation of your Contributory coverage.
- Any continuation of insurance under the Policy ends.
- Your coverage reduces due to BENEFIT REDUCTIONS as described on the SCHEDULE OF BENEFITS.
- Your coverage reduces due to your change from one eligible class to another.
- Your coverage reduces due to a Policy change.

Only life insurance is eligible for conversion. The maximum amount of life insurance you are eligible to convert cannot be greater than the amount of life insurance you had prior to termination. Conversion does not include any additional benefits such as accelerated death benefits, accidental death and dismemberment benefits, or waiver of premium benefits. Any amounts of coverage for which you remain eligible under the Policy are not eligible for conversion.

To convert your life insurance, you must apply and pay the first premium to us within 31 days of the date any part of your life insurance under the Policy terminates (the "conversion period"). You will be given Written notice, in person or at your last known address, of your conversion right within 15 days before or after the date any part of your life insurance ends. If notice is provided more than 15 but less than 90 days after such event, the conversion period will be extended for 45 days after the notice is provided. If notice is not provided within 90 days after such event, the conversion period ends at the end of 90 days after the event. Any additional time allowed for returning the completed application and first premium will not change the length of the conversion period itself.

You may apply to convert the entire amount of life insurance that is terminating under the Policy, or a lesser amount. If the qualifying event for conversion is Policy termination, the maximum amount of life insurance coverage you are eligible to convert will be reduced by any amount of life insurance for which you become eligible under any group policy within 45 days after the beginning of the conversion period.

Premiums for the conversion policy will be based on our rates then in use, the form, mode customarily offered by us and amount of insurance, your class of risk, and your attained age at the beginning of the conversion period. The conversion policy may be any individual life insurance policy then customarily offered by us, except term insurance. If you choose a whole life conversion policy, it provides one year of preliminary term insurance. The conversion policy will not include any additional benefits. When we accept your application and first premium, the conversion policy will become effective on the date the life insurance under the Policy terminated.

If you die within the conversion period without applying for conversion or for portability under the Portability Rider, any life insurance amount that you were entitled to convert will be payable as a death benefit under the Policy and any premiums paid for conversion will be refunded to the Beneficiary.

If you have made an absolute assignment of your insurance, only the current owner may apply for conversion.

TOTAL AND PERMANENT DISABILITY

If you stop Active Employment due to Total and Permanent Disability, and due to age, you are not eligible for Waiver of Premium or your Waiver of Premium stops, then you may elect to either convert your life insurance or you may apply to continue your life insurance under a new certificate of term life insurance within 31 days after the date your coverage would otherwise stop.

Notice of the right to apply for the new term life certificate will be given to you, or mailed to you using your last known address according to the Policyholder's records, within 15 days before or after your life insurance terminates. If notice is provided more than 15 but less than 90 days after such event, the time period in which you may apply for the new term life certificate will be extended for 45 days after the notice is provided. If notice is not provided within 90 days after such event, the time period in which to apply ends at the end of 90 days after the event.

We or the Policyholder must be notified that you want to apply for the new term life certificate. You will be supplied with a form to complete and return.

If you want the new term life certificate, all the following conditions must be met:

- You apply for it within the time period noted above after your life insurance stops or any continuation under any rider has ended;
- You pay the first premium to us along with the completed form;
- You submit proof that you stopped Active Employment due to Total and Permanent Disability along with the completed form; and
- We approve your application.

Premiums must be paid for coverage under the new term life certificate. The new term life certificate provides life insurance for you only and does not include any riders. Life insurance under the new term life certificate will stop on the earliest of the following:

- The end of the period for which all due premiums are paid.
- The date your life insurance is converted to an individual policy.

INCONTESTABILITY

The Policy is incontestable after it has been in force for two years, except for nonpayment of premiums by the Policyholder. No statement made by the Policyholder will be used to contest the validity of the insurance unless it is in a Written application Signed by the Policyholder which has been made a part of the Policy.

No statement made by you will be used to contest the validity of your insurance unless it is in a Written statement Signed by you, a copy of which has been furnished to you or the Beneficiary. We will not use such statement to contest the validity of your insurance after the insurance has been in force for two years during your lifetime. Nor will we use such a statement to contest the validity of an increase or benefit addition to such insurance after the increase or benefit has been in force for two years during your lifetime.

Any statement made by the Policyholder or you is considered a representation and not a warranty. No misrepresentation will be used to contest the validity of the insurance unless such misrepresentation was material to the risk accepted by us.

CLERICAL ERROR

Clerical error or omission by us or by the Policyholder will not:

- Prevent you from receiving coverage, if you are entitled to coverage under the terms of the Policy.
- Cause coverage to begin or continue for you when the coverage would not otherwise be effective.

An error will not end insurance validly in effect, nor will it continue insurance validly ended.

MISSTATEMENT OF AGE

If Premiums are based on your age and you have misstated your age, then your correct age will be used to equitably adjust the Premium and/or benefits as appropriate.

ASSIGNMENT

You may make an absolute assignment of ownership of your insurance under the Policy to any person or entity by sending us Written notice on a form that we accept. An absolute assignment transfers all your duties, rights, title and interest under the Policy to the new owner. The new owner can make any changes allowed under the Policy and Certificate.

An absolute assignment form is available from the Employer or us. Any assignment form must be Signed by both the current owner and the new owner. The Signed form must be received by us and in good order to be valid. An accepted assignment will take effect on the date the form is Signed by you, unless otherwise specified in the Signed form. An assignment does not affect any payment we make or action we take before receiving the Signed form. An assignment does not change the insurance or the Beneficiary designation.

If you want to continue an absolute assignment made under the Employer's prior group life insurance policy, a statement of intent form is available from the Employer or us. The form must be Signed by both you and the assignee. The Signed form must be received by us and in good order to be valid. A statement of intent does not affect any payment we make or action we take before receiving the Signed form. A statement of intent does not change the insurance or the Beneficiary designation.

You must notify us if you make a collateral assignment of your insurance. A collateral assignment does not change the ownership of your insurance.

We assume no responsibility for the validity of any assignment. You are responsible to see that the assignment is legal in your state and that it accomplishes the goals that you intend.

BENEFICIARY

The Beneficiary is named by you to receive any proceeds payable at your death. While your coverage is in force, you may change the Beneficiary designation by Written request on a form that is acceptable to us. A Beneficiary designation form is available from the Employer or us. A designation in good order will take effect as of the date it is Signed, unless you specify otherwise in the Signed designation, but will not affect any payment we make or action we take before receiving the Signed form. If you have made an absolute assignment of your insurance, only the current owner may change the Beneficiary designation.

If an irrevocable Beneficiary is named, the Beneficiary designation can only be changed with the consent of the irrevocable Beneficiary.

There can be one or more Beneficiaries. If two or more Beneficiaries are named and their shares are not specified in the Beneficiary designation, then the Beneficiaries will share any insurance proceeds equally. If a primary Beneficiary does not survive you, their share will be payable to the remaining primary Beneficiaries. One or more contingent Beneficiaries may be named to receive the proceeds in the event that all of the primary Beneficiaries named do not survive you.

Please refer to the LIFE INSURANCE BENEFITS section of the Certificate for information about payment.

AGENCY

For purposes of the Policy, the Policyholder acts on its own behalf or as your agent. Under no circumstances will the Policyholder be deemed our agent.

ENTIRE CONTRACT

Coverage for insured Employees is provided under a contract of group term insurance between us and the Policyholder. The entire contract consists of all of the following:

- The Policy issued to the Policyholder including Part A and Part B.
- The Certificates which are made part of Part B under the Policy.
- Any riders, endorsements and/or amendments issued.
- The Policyholder's Signed application, a copy of which is attached to the Policy when issued.

The rights of any Policyholder, insured person or Beneficiary will not be affected by any provision not contained in the following:

- The Policy, Certificate, riders, endorsements, or amendments Signed by the Policyholder and us;
- The Policyholder's application attached to the Policy; or
- Any individual statement of the Policyholder or an insured person submitted with the Policyholder's application or with an enrollment form or Evidence of Insurability application.

CHANGES TO POLICY OR CERTIFICATE

The terms and provisions of the Policy and this Certificate may be changed at any time without the consent of you or anyone else with a beneficial interest in the Policy. Any change that affects benefits or rights under the Policy and this Certificate requires the Signed consent of the Policyholder, and documentation of such Signed consent will be maintained in our records for the Policy. We will issue riders, endorsements or amendments to effect all changes, and only those forms Signed by one of our executive officers will be valid. We will only make changes consistent with the standards of the applicable regulatory body in New York. We will provide a copy of the rider, endorsement or amendment to the Policyholder for attachment to the Policy, and also for the Employees if the change affects the Certificate(s).

Changes may reduce, restrict or terminate your rights or benefits under the Policy. Such changes, reductions, restrictions or termination may occur at a time when your health status has changed and may affect your ability to procure individual coverage. Your health status will not affect your rights under the CONVERSION provision.

Riders, endorsements and amendments are subject to prior approval by the appropriate regulatory body in New York. A rider, endorsement or amendment will not affect the insurance provided under the Certificate(s) until the effective date of the change, unless retroactivity is required by the applicable regulatory body.

No agent, representative or employee of ours or of any other entity, except one of our executive officers, may approve a change to or waive the terms of the Policy.

LIFE INSURANCE BENEFITS

We pay a death benefit to the Beneficiary if we receive Written proof that you died while your insurance under the Policy is in force. The death benefit is the amount of life insurance for your class as shown on the SCHEDULE OF BENEFITS in effect on the date of your death minus any amount paid under the Accelerated Death Benefit Rider.

NOTICE OF CLAIM AND PROOF OF LOSS

A claim form is available from the Employer or us. The process for completing the claim form and submitting the claim form will be explained in the claim form paperwork. Proof of loss, including any attachments indicated on the claim form as required, should be sent directly to us at the address indicated on the form. We may also require information from the Employer in order to verify eligibility.

Proof of loss consists of a certified copy of your death certificate or other lawful evidence providing equivalent information.

We will review the claim and proof of loss we receive in order to determine our liability and the correct payee(s). If we approve the claim, we will pay the benefits subject to the terms of this Certificate.

AUTOPSY

We reserve the right to make a reasonable request for an autopsy at our expense where permitted by law.

PAYMENT OF PROCEEDS

To be eligible to receive proceeds, the Beneficiary must be living on the date of your death.

If there is no eligible Beneficiary, we will pay the proceeds to the first survivor(s), who is living on the date of your death, in the following order:

1. Your spouse.
2. Your natural and adopted children.
3. Your parents.
4. Your siblings.
5. Your estate.

“Spouse” means your lawful spouse.

If the Beneficiary or survivor is eligible to receive proceeds but dies before receiving them, we will pay the proceeds to that person’s estate.

Unless otherwise elected by you or the Beneficiary, benefits will be paid in a single lump sum check. We may make other options available in addition to the single check option.

Any payment we make in good faith will discharge our liability to the extent of such payment.

PAYMENT OF INTEREST

We pay interest on the death benefit proceeds, accruing from the date of your death up to the date of payment. The minimum interest rate payable will be the interest rate applicable for funds left on deposit with us as of the date of death under the interest settlement option.

Interest will accrue at an annual rate of 10% plus the interest rate applicable for funds left on deposit under the interest settlement option beginning with the date that is 31 calendar days from the latest of the dates below and continuing up to the date of payment:

- The date we receive due proof of loss following death.
- The date we receive sufficient information to determine our liability, the extent of our liability, and the appropriate payee legally entitled to the proceeds.
- The date that legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of this resolution is provided to us. Legal impediments to payment include but are not limited to: the establishment of guardianships and conservatorships; the appointment and qualification of

trustees, executors and administrators; and the submission of information required to satisfy state or federal reporting requirements.

EXCLUSIONS AND LIMITATIONS

For Noncontributory Life Insurance, we pay a death benefit for all causes of death.

For Contributory Life Insurance, if you commit suicide within two years of the date your insurance starts, we will refund to the Beneficiary any Premiums paid instead of paying a death benefit. The two year period includes the period you were continuously covered under the Policy and any previous group term life policy(ies) issued to the Policyholder during your lifetime.

If you commit suicide while within two years from the date an increase in Contributory Life Insurance (other than a scheduled or automatic increase) became effective, we will pay a death benefit for the amount of insurance that was effective before the increase. We will refund to the Beneficiary any Premiums paid for the increased amount of insurance.

SPOUSE LIFE INSURANCE RIDER
RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 250 Marquette Avenue, Suite 900 Minneapolis, Minnesota 55401
Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

POLICYHOLDER: Catholic Health Services of Long Island
GROUP POLICY NUMBER: 73110-2GAT2
EFFECTIVE DATE: January 1, 2023

This rider is made a part of the Group Term Life Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

CONTENTS

Schedule of Benefits.....	page 1
Definitions.....	page 1
General Provisions.....	page 2
Life Insurance Benefits.....	page 6
Exclusions and Limitations.....	page 6

SCHEDULE OF BENEFITS

SUPPLEMENTAL SPOUSE LIFE INSURANCE

Supplemental Spouse Life Insurance is Contributory by Employees.

Eligible Class(es)	Amount
Spouse	Choice of \$5,000 or \$10,000 or \$20,000 or \$50,000, \$100,000 or \$150,000

MAXIMUM AMOUNT OF SUPPLEMENTAL SPOUSE LIFE INSURANCE

\$150,000

The amount of insurance for your Spouse will not exceed 100% of your insurance amount. This amount will never exceed the amount for which you are eligible.

COST OF CONTRIBUTORY INSURANCE

Your Premium cost for Contributory insurance under this rider is calculated as a cost per \$1,000 at the beginning of each Policy year. Please contact the Policyholder for specific information about your cost.

DEFINITIONS

Evidence of Insurability means your Spouse's affirmation, on a form acceptable to us, of various factors that we will use to determine if your Spouse's coverage is approved. Those factors may include, but are not limited to, your Spouse's medical history and treatment, driving record, and/or family medical history. If we need more information, any costs will be at our expense.

Spouse means your lawful spouse. The person must also meet all of the following:

- Not be on full-time active duty in the armed forces of any country or subdivision thereof.
- Legally reside in the United States or its territories or possessions.
- Not be insured under the Policy as an Employee.

GENERAL PROVISIONS

ELIGIBILITY

If you are covered under the Policy, then your Spouse is eligible under this rider on the latest of the following:

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your Supplemental life insurance coverage effective date.
- The date of your marriage.

If your Spouse is covered under the Policy as an Employee, then your Spouse is not eligible for coverage under this rider.

ENROLLMENT

If you have a Spouse eligible for coverage, you must enroll your Spouse for any Contributory coverage before the coverage will become effective. We or the Employer will provide you with the forms or information needed to complete your enrollment.

No enrollment is required if the Policy replaces a group policy issued by us or by another insurance company, and your Spouse was covered under the prior policy on the day before that policy was replaced by our Policy. The amount of Contributory coverage for your Spouse that becomes effective on our Policy effective date will be at the same level as under the prior policy, subject to the terms of our Policy including any maximum coverage amounts under our Policy.

You may need to provide Evidence of Insurability on your Spouse, as described below.

EVIDENCE OF INSURABILITY

Evidence of Insurability is required for coverage under the conditions described below. Coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of the increase. We must approve any required Evidence of Insurability before coverage becomes effective.

Supplemental Spouse Life Insurance	Evidence Required
Coverage on the Policy effective date continued from the Employer's prior Policy...	Any amount exceeding the most recent coverage from the Employer's prior Policy
Initial eligibility under the Employer's plan for supplemental spouse coverage on or after the Policy effective date...	Any amount exceeding \$20,000
Enrollment for supplemental spouse coverage on the Policy effective date, for employees who had supplemental spouse coverage under the Employer's prior Policy...	Any amount exceeding \$20,000
Enrollment for supplemental spouse coverage on the Policy effective date, for employees who had no supplemental spouse coverage under the Employer's prior Policy...	Any amount exceeding \$20,000
Enrollment within 31 days after a change in family status as documented and approved by the Employer and valid during this enrollment...	Any total Supplemental Spouse Life Insurance exceeding \$20,000
Any new or increased supplemental spouse coverage not described above, including enrollments more than 31 days after initial eligibility...	All increased amounts

EFFECTIVE DATE OF COVERAGE

Your Spouse will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date your Spouse is eligible for coverage, if you enroll for Spouse coverage on or before that date.
- The date you enroll for Spouse coverage.
- The date we approve your Spouse's Evidence of Insurability, if Evidence of Insurability is required.
- The date you return to Active Employment, if you are not in Active Employment when your Spouse's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if you were in Active Employment on your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, approved nonmedical leave of absence and paid time off for nonmedical-related absences.
- The date your Spouse is no longer hospitalized, or confined at home under a doctor's care, or receiving or applying to receive disability benefits from any source, if any of these conditions are true on the date your Spouse's coverage would otherwise become effective.

EFFECTIVE DATE OF CHANGES TO COVERAGE

Once your Spouse's coverage begins, any increased or additional Contributory coverage will take effect on the latest of the following:

- The first day of the month that is on or next follows the date of the increased or additional coverage, if you are in Active Employment.
- The first day of the month that is on or next follows the date you return to Active Employment, if you are not in Active Employment on the date the increased or additional coverage would otherwise start.
- The first day of the month that is on or next follows the date we approve your Spouse's Evidence of Insurability, if Evidence of Insurability is required.
- The first day of the month that is on or next follows the date your Spouse is no longer hospitalized, or confined at home under a doctor's care, or receiving or applying to receive disability benefits from any source, if any of these conditions are true on the date the increased or additional coverage would otherwise start.

Any decrease in coverage will take effect at the end of the month but will not affect a payable claim that occurs prior to the decrease.

CHANGE OF INSURANCE CARRIERS

If your coverage is being provided under the CHANGE OF INSURANCE CARRIERS provision in the Certificate, then we will also provide continuity of Spouse coverage under the same conditions and for the same duration.

Any benefits payable under this provision will be the lesser of the amount of coverage under the prior policy had it remained in force, or the amount of eligible Spouse coverage under our Policy. We will reduce our payment by any amount paid under the prior policy.

If Spouse coverage under this provision ends while the Policy is in force, and your Spouse is not otherwise eligible for insurance under the Policy, then your Spouse coverage will be eligible for conversion as described in the CONVERSION provision.

If your Spouse was not covered under the Employer's prior policy on the date that policy terminated, then the EFFECTIVE DATE OF COVERAGE provision will apply.

SPOUSE ACTIVE MILITARY DUTY

If your Spouse is covered under this rider and your Spouse begins full-time active duty in the armed forces of any country or subdivision thereof then you should notify the Policyholder to cancel this rider. Coverage under this rider will terminate at the beginning of the period during which your Spouse is no longer eligible, and any unearned Premiums that were collected will be refunded.

If your Spouse's full-time active military duty ends, then you may re-enroll for this rider subject to the following:

- If you re-enroll for this rider within 2 months of the date your Spouse is eligible for coverage again, then the maximum amount of Spouse coverage available will be the lesser of the amount that was in effect on the day

before coverage ended and the then current maximum amount of Spouse coverage available under this rider. Spouse coverage will be effective on the later of the following:

- The date you re-enroll.
- The date your Spouse is not hospitalized or confined at home under a doctor's care.
- The date your Spouse is not receiving or applying to receive disability benefits from any source.
- If you re-enroll for this rider more than 2 months after your Spouse is eligible for coverage again, then Evidence of Insurability on your Spouse will be required. If Evidence of Insurability is approved by us, Spouse coverage will become effective on the date specified by us.

SPOUSE CHANGE OF LEGAL RESIDENCE

If your Spouse is covered under this rider and your Spouse changes their legal residence to outside the United States or its territories or possessions, then you should notify the Policyholder to cancel this rider. Coverage under this rider will terminate at the beginning of the period during which your Spouse is no longer eligible, and any unearned Premiums that were collected will be refunded.

If your Spouse resumes legal residence in the United States or its territories or possessions, then you may re-enroll for this rider subject to the following:

- If you re-enroll for this rider within 2 months of the date your Spouse is eligible for coverage again, then the maximum amount of Spouse coverage available will be the lesser of the amount that was in effect on the day before coverage ended and the then current maximum amount of Spouse coverage available under this rider. Spouse coverage will be effective on the later of the following:
 - The date you re-enroll.
 - The date your Spouse is not hospitalized or confined at home under a doctor's care.
 - The date your Spouse is not receiving or applying to receive disability benefits from any source.
- If you re-enroll for this rider more than 2 months after your Spouse is eligible for coverage again, then Evidence of Insurability on your Spouse will be required. If Evidence of Insurability is approved by us, Spouse coverage will become effective on the date specified by us.

TERMINATION OF COVERAGE

This rider terminates on the earliest of the following:

- The date your life insurance terminates.
- The date this rider is terminated for all Employees under the Policy.
- The date this rider is terminated for the eligible class of Employees to which you belong.
- The date you voluntarily cancel this rider, as allowed by the Employer.
- The date your Spouse is no longer an eligible Spouse as defined by this rider.
- The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the Policy grace period.

We will pay benefits for a loss that occurs while your Spouse is covered under this rider.

CONVERSION

You may convert Spouse life insurance, without Evidence of Insurability, to an individual life insurance policy if Spouse life insurance under this rider stops for any reason other than nonpayment of Premium, your voluntary cancellation of this rider, your Spouse ceasing to be an eligible Spouse as defined, or your death. You may also convert any part of Spouse life insurance that reduces due to your change from one eligible class to another or a Policy change. If you have made an absolute assignment of insurance, only the current owner may apply for conversion under this paragraph.

Your Spouse may convert Spouse life insurance, without Evidence of Insurability, to an individual life insurance policy if Spouse life insurance under this rider stops because your Spouse is no longer an eligible Spouse as defined, or because of your death.

Only life insurance is eligible for conversion. The maximum amount of life insurance eligible for conversion cannot be greater than the amount of Spouse life insurance you had prior to termination. Conversion does not include any additional benefits such as accelerated death benefits, accidental death and dismemberment benefits, or waiver of Premium benefits. Any amounts of coverage for which your Spouse remains eligible under the Policy are not eligible for conversion.

To convert Spouse life insurance, application must be made and the first premium paid to us within 31 days of the date any part of Spouse life insurance under this rider terminates (the "conversion period"). You or your Spouse will be given Written notice, in person or at your last known address, of the conversion right within 15 days before or after the date any part of Spouse life insurance ends. If notice is provided more than 15 but less than 90 days after such event, the conversion period will be extended for 45 days after the notice is provided. If notice is not provided within 90 days after such event, the conversion period ends at the end of 90 days after the event. Any additional time allowed for returning the completed application and first premium will not change the length of the conversion period itself.

Application for conversion may be for the entire amount of Spouse life insurance that is terminating under this rider, or a lesser amount. If the qualifying event for conversion is Policy termination, the maximum amount of Spouse life insurance coverage eligible for conversion will be reduced by any amount of Spouse life insurance for which you become eligible under any group policy within 45 days after the beginning of the conversion period.

Premiums for the conversion policy will be based on our rates then in use, the form and amount of insurance, your Spouse's class of risk, and your Spouse's attained age at the beginning of the conversion period. The conversion policy may be any individual life insurance policy then customarily offered by us for conversion, except term insurance. The conversion policy will not include any additional benefits. When we accept the application and first premium, the conversion policy will become effective on the date the life insurance under the Policy terminated.

If your Spouse dies within the conversion period without an application for conversion being received or an application for portability under the Portability Rider being received, any life insurance amount that was eligible for conversion will be payable as a death benefit under the Policy and any premiums paid for conversion will be refunded to the Beneficiary.

INCONTESTABILITY

The Policy is incontestable after it has been in force for two years, except for nonpayment of premiums by the Policyholder. No statement made by the Policyholder will be used to contest the validity of the insurance unless it is in a Written application Signed by the Policyholder which has been made a part of the Policy.

No statement made by you or your Spouse will be used to contest the validity of your Spouse's insurance unless it is in a Written statement Signed by you or your Spouse, a copy of which has been furnished to you or the Beneficiary. We will not use such statement to contest the validity of your Spouse's insurance after the insurance has been in force for two years during your Spouse's lifetime. Nor will we use such a statement to contest the validity of an increase or benefit addition to such insurance after the increase or benefit has been in force for two years during your Spouse's lifetime.

Any statement made by the Policyholder or you or your Spouse is considered a representation and not a warranty. No misrepresentation will be used to contest the validity of the insurance unless such misrepresentation was material to the risk accepted by us.

BENEFICIARY

You are the Beneficiary for proceeds that become payable at your Spouse's death under this rider. If you have made an absolute assignment of your insurance, then during your lifetime the current owner is the Beneficiary. See the Portability Rider for information about the eligible Beneficiary for continued coverage after your death or divorce. This Beneficiary designation may not be changed. If the Beneficiary is not living on the date payment if made, benefits are payable to the Beneficiary's estate. Please refer to the LIFE INSURANCE BENEFITS section for more information about payment.

LIFE INSURANCE BENEFITS

We pay a death benefit to the Beneficiary if we receive Written proof that your Spouse died while Spouse insurance under this rider is in force. See the CONVERSION provision for information about death benefits payable during the conversion period following your death. The death benefit is the amount of Spouse life insurance for the eligible class as shown on the SCHEDULE OF BENEFITS in effect on the date of your Spouse's death minus any amount paid under the Accelerated Death Benefit Rider.

NOTICE OF CLAIM AND PROOF OF LOSS

A claim form is available from the Employer or us. The process for completing the claim form and submitting the claim form will be explained in the claim form paperwork. Proof of loss, including any attachments indicated on the claim form as required, should be sent directly to us at the address indicated on the form. We may require additional information from the Employer in order to verify your Spouse is insured under this rider.

Proof of loss consists of a certified copy of your Spouse's death certificate or other lawful evidence providing equivalent information.

We will review proof of loss we receive in order to determine our liability and the correct payee(s). If we approve the claim, we will pay the benefits subject to the terms of this rider.

PAYMENT OF PROCEEDS

To be eligible to receive proceeds, the Beneficiary must be living on the date of your Spouse's death. **Exception:** If your Spouse dies during the conversion period following your death and you would otherwise have been the Beneficiary, we will pay the proceeds to your estate.

If the Beneficiary is eligible to receive proceeds but dies before receiving them, we will pay the proceeds to the Beneficiary's estate.

We will pay the death benefit to the Beneficiary in one sum or in a method comparable to one sum. Other methods of payment may be made available to the Beneficiary at the time of claim.

Any payment we make in good faith will discharge our liability to the extent of such payment.

PAYMENT OF INTEREST

We pay interest on the death benefit proceeds, accruing from the date of your Spouse's death up to the date of payment. The minimum interest rate payable will be the interest rate applicable for funds left on deposit with us as of the date of death.

Interest will accrue at an annual rate of 10% plus the interest rate applicable for funds left on deposit beginning with the date that is 31 calendar days from the latest of the dates below and continuing up to the date of payment:

- The date we receive due proof of loss following death.
- The date we receive sufficient information to determine our liability, the extent of our liability, and the appropriate payee legally entitled to the proceeds.
- The date that legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of this resolution is provided to us. Legal impediments to payment include but are not limited to: the establishment of guardianships and conservatorships; the appointment and qualification of trustees, executors and administrators; and the submission of information required to satisfy state or federal reporting requirements.

EXCLUSIONS AND LIMITATIONS

If your Spouse commits suicide within two years of the date Spouse insurance starts, we will refund to the Beneficiary any Premiums paid instead of paying a death benefit. The two year period includes the period your Spouse was continuously covered under this rider and any previous group term life policy issued to the Policyholder during your Spouse's lifetime.

If your Spouse commits suicide within two years from the date an increase in Supplemental Spouse Life Insurance (other than a scheduled or automatic increase) became effective, we will pay a death benefit for the amount of insurance that was effective before the increase. We will refund to the Beneficiary any Premiums paid for the increased amount of insurance.

Executed at our administrative office:
20 Washington Avenue South
Minneapolis, MN 55401



Michael S. Smith
President



Melissa A. O'Donnell
Secretary

CHILDREN'S LIFE INSURANCE RIDER

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 250 Marquette Avenue, Suite 900 Minneapolis, Minnesota 55401
Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

POLICYHOLDER: Catholic Health Services of Long Island
GROUP POLICY NUMBER: 73110-2GAT2
EFFECTIVE DATE: January 1, 2023

This rider is made a part of the Group Term Life Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

CONTENTS

Schedule of Benefits.....	page 1
Definitions.....	page 2
General Provisions.....	page 2
Life Insurance Benefits.....	page 6
Exclusions and Limitations.....	page 7

SCHEDULE OF BENEFITS

SUPPLEMENTAL CHILDREN'S LIFE INSURANCE

Supplemental Children's Life Insurance is Contributory by Employees.

Eligible Class(es)	Amount
Child from live birth to age 26	Choice of \$4,000 or \$10,000

MAXIMUM AMOUNT OF SUPPLEMENTAL CHILDREN'S LIFE INSURANCE

\$10,000

Your Children's life insurance amount will not exceed the lesser of:

- 100% of your life insurance amount; or
- \$10,000.

COST OF CONTRIBUTORY INSURANCE

Your Premium cost for Contributory insurance under this rider is calculated as a cost per \$1,000. Please contact the Policyholder for specific information about your cost.

DEFINITIONS

Child or Children means a child from birth but less than 26 years of age who is one of the following:

- Your natural or adopted child (including a child placed for adoption).
- Your stepchild.

The child must also meet all of the following conditions:

- Be unmarried.
- Be supported by you financially, whether in whole or in part.
- Not be on full-time active duty in the armed forces of any country or subdivision thereof.
- Legally reside in the United States or its territories or possessions.
- Not be insured under the Policy as an Employee or Spouse.
- Not be insured by an individual policy that was issued under any conversion right of this rider.

A stepchild must also be dependent on you financially, with one or more of the following provided to the Policyholder:

- Evidence that the child was claimed by you or your Spouse for federal income tax purposes in the prior calendar year.
- Evidence that the child's primary physical residence is with you.
- Evidence that you or your Spouse are providing more than 50% of the child's financial support and maintenance.

This definition includes your Child age 26 or older who is incapable of self-sustaining employment due to physical or intellectual disability. Written proof of the Child's incapacity must be furnished to us at our home office within 31 days after the Child reaches the limiting age. We may require, at reasonable intervals, but not more than once a year after the two year period following attainment of the limiting age, evidence satisfactory to us that the incapacity is continuing.

Coverage will continue while the Child remains incapable of self-sustaining employment due to physical or intellectual disability and continues to meet the definition of Child except for the age limit. If the Child becomes capable of self-sustaining employment and proof of the Child's incapacity can no longer be furnished to us, you may convert your Child's life insurance to an individual life insurance policy as described in the CONVERSION provision of this rider.

Evidence of Insurability means your affirmation, on a form acceptable to us, of various factors that we will use to determine if your Child's coverage is approved. Those factors may include, but are not limited to, your Child's medical history and treatment, driving record, and/or family medical history. If we need more information, any costs will be at our expense.

GENERAL PROVISIONS

ELIGIBILITY

If you are covered under the Policy, then your Children are eligible under this rider on the latest of the following:

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your Supplemental life insurance coverage effective date.
- The date you acquire a Child by marriage, birth or adoption.

If your Child is covered under the Policy as an Employee, then your Child is not eligible for coverage under this rider.

ENROLLMENT

If you have a Child eligible for coverage, you must enroll all Children for any Contributory coverage before the coverage will become effective. We or the Employer will provide you with the forms or information needed to complete your enrollment.

No enrollment is required if the Policy replaces a group policy issued by us or by another insurance company, and your Children were covered under the prior policy on the day before that policy was replaced by our Policy. The amount of Contributory coverage for your Children that becomes effective on our Policy effective date will be at the same level as under the prior policy, subject to the terms of our Policy including any maximum coverage amounts under our Policy.

You may need to provide Evidence of Insurability on your Children, as described below.

EVIDENCE OF INSURABILITY

Evidence of Insurability is required for coverage under the conditions described below. Coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of coverage. Any increase to coverage is subject to the Evidence of Insurability requirements that are in force on the effective date of the increase. We must approve any required Evidence of Insurability before coverage becomes effective. When you have Children covered under this rider, then newly eligible Children will not require Evidence of Insurability.

Supplemental Child Life Insurance	Evidence Required
Coverage on the Policy effective date continued from the Employer's prior Policy...	Evidence is not required for any amount less than or equal to the plan maximum
Initial eligibility under the Employer's plan for supplemental children's coverage on or after the Policy effective date...	Evidence is not required for any amount less than or equal to the plan maximum
Enrollment for supplemental children's coverage on the Policy effective date, for employees who had supplemental children's coverage under the Employer's prior Policy...	Evidence is not required for any amount less than or equal to the plan maximum
Enrollment for supplemental children's coverage on the Policy effective date, for employees who had no supplemental children's coverage under the Employer's prior Policy...	Evidence is not required for any amount less than or equal to the plan maximum
Enrollment at a scheduled annual enrollment period after the Policy effective date for an increase to existing supplemental children's coverage...	Evidence is not required for any amount less than or equal to the plan maximum
Enrollment at a scheduled annual enrollment period after the Policy effective date for initial supplemental children's coverage...	Evidence is not required for any amount less than or equal to the plan maximum
Enrollment within 31 days after a change in family status as documented and approved by the Employer and valid during this enrollment...	Evidence is not required for any amount less than or equal to the plan maximum
Any new or increased supplemental children's coverage not described above, including enrollments more than 31 days after initial eligibility...	All increased amounts

EFFECTIVE DATE OF COVERAGE

Your Children will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date your Children are eligible for coverage, if you enroll for Children's coverage on or before that date.
- The date you enroll for Children's coverage.
- The date we approve each Child's Evidence of Insurability, if Evidence of Insurability is required.
- The date you return to Active Employment, if you are not in Active Employment when your Children's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if you were in Active Employment on your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, approved nonmedical leave of absence and paid time off for nonmedical-related absences.
- The date your Child is no longer hospitalized, or confined at home under a doctor's care, or receiving or applying to receive disability benefits from any source, if any of these conditions are true on the date that Child's coverage would otherwise become effective.

EFFECTIVE DATE OF CHANGES TO COVERAGE

Once your Children's coverage begins, any increased or additional Contributory coverage will take effect on the latest of the following:

- The first day of the month that is on or next follows the date of the increased or additional coverage, if you are in Active Employment.
- The first day of the month that is on or next follows the date you return to Active Employment, if you are not in Active Employment on the date the increased or additional coverage would otherwise start.
- The first day of the month that is on or next follows the date we approve each Child's Evidence of Insurability, if Evidence of Insurability is required.
- The first day of the month that is on or next follows the date your Child is no longer hospitalized, or confined at home under a doctor's care, or receiving or applying to receive disability benefits from any source, if any of these conditions are true on the date that Child's increased or additional coverage would otherwise start.

Any decrease in coverage will take effect at the end of the month but will not affect a payable claim that occurs prior to the decrease.

CHANGE OF INSURANCE CARRIERS

If your coverage is being provided under the CHANGE OF INSURANCE CARRIERS provision in the Certificate, then we will also provide continuity of Children's coverage under the same conditions and for the same duration.

Any benefits payable under this provision will be the lesser of the amount of coverage under the prior policy had it remained in force, or the amount of eligible Children's coverage under our Policy. We will reduce our payment by any amount paid under the prior policy.

If Children's coverage under this provision ends while the Policy is in force, and your Children are not otherwise eligible for insurance under the Policy, then your Children's coverage will be eligible for conversion as described in the CONVERSION provision.

If your Children were not covered under the Employer's prior policy on the date that policy terminated, then the EFFECTIVE DATE OF COVERAGE provision will apply.

TERMINATION OF COVERAGE

Coverage for each Child ends on the earliest of the following:

- The date this rider terminates.
- The last day of the calendar year during which the Child is no longer an eligible Child as defined by this rider. Coverage of a disabled Child ends when there is no longer evidence satisfactory to us that the disability is continuing.

This rider terminates on the earliest of the following:

- The date your life insurance terminates.
- The date this rider is terminated for all Employees under the Policy.
- The date this rider is terminated for the eligible class of Employees to which you belong.
- The date you voluntarily cancel this rider, as allowed by the Employer.
- The last day of the calendar year during which you no longer have any eligible Children as defined by this rider.
- The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the grace period.

We will pay benefits for a loss that occurs while your Child is covered under this rider.

CONVERSION

You may convert Children's life insurance, without Evidence of Insurability, to an individual life insurance policy if a Child's life insurance under this rider stops for any reason other than nonpayment of Premium, your voluntary cancellation of this rider, your Child ceasing to be an eligible Child as defined, or your death. You may also convert any part of Children's life insurance that reduces due to your change from one eligible class to another or a Policy change. If you have made an absolute assignment of insurance, only the current owner may apply for conversion under this paragraph.

Your Child may convert Children's life insurance, without Evidence of Insurability, to an individual life insurance policy if that Child's life insurance under this rider stops because your Child is no longer an eligible Child as defined, or because of your death. If a Child is too young to contract for life insurance, then a parent or a court-appointed guardian of the Child may apply for conversion of that Child's coverage.

Only life insurance is eligible for conversion. The maximum amount of life insurance eligible for conversion cannot be greater than the amount of Children's life insurance you had prior to termination. Conversion does not include any additional benefits such as accelerated death benefits, accidental death and dismemberment benefits, or waiver of Premium benefits. Any amounts of coverage for which your Child remains eligible under the Policy are not eligible for conversion.

To convert Children's life insurance, application must be made and the first premium paid to us within 31 days of the date any part of a Child's life insurance under this rider terminates (the "conversion period"). You will be given Written notice, in person or at your last known address, of your conversion right within 15 days before or after the date any part of Children's life insurance ends. If notice is provided more than 15 but less than 90 days after such event, the conversion period will be extended for 45 days after the notice is provided. If notice is not provided within 90 days after such event, the conversion period ends at the end of 90 days after the event. Any additional time allowed for returning the completed application and first premium will not change the length of the conversion period itself.

Application for conversion may be for the entire amount of Children's life insurance that is terminating under this rider, or a lesser amount. If the qualifying event for conversion is Policy termination, the maximum amount of Children's life insurance coverage eligible for conversion will be reduced by any amount of Children's life insurance for which you become eligible under any group policy within 45 days after the beginning of the conversion period.

Premiums for the conversion policy will be based on our rates then in use, the form and amount of insurance, your Child's class of risk, and your Child's attained age at the beginning of the conversion period. The conversion policy may be any individual life insurance policy then customarily offered by us for conversion, except term insurance. The conversion policy will not include any additional benefits. When we accept the application and first premium, the conversion policy will become effective on the date the life insurance under the Policy terminated or reduced.

If your Child dies within the conversion period without an application for conversion being received or an application for portability under the Portability Rider being received, any life insurance amount that was eligible for conversion will be payable as a death benefit under the Policy and any premiums paid for conversion will be refunded to the Beneficiary.

INCONTESTABILITY

The Policy is incontestable after it has been in force for two years, except for nonpayment of premiums by the Policyholder. No statement made by the Policyholder will be used to contest the validity of the insurance unless it is in a Written application Signed by the Policyholder which has been made a part of the Policy.

No statement made by you or your Child will be used to contest the validity of your Child's insurance unless it is in a Written statement Signed by you or your Child, a copy of which has been furnished to you or the Beneficiary. We will not use such statement to contest the validity of your Child's insurance after the insurance has been in force for two years during your Child's lifetime. Nor will we use such a statement to contest the validity of an increase or benefit addition to such insurance after the increase or benefit has been in force for two years during your Child's lifetime.

Any statement made by the Policyholder or you or your Child is considered a representation and not a warranty. No misrepresentation will be used to contest the validity of the insurance unless such misrepresentation was material to the risk accepted by us.

BENEFICIARY

You are the Beneficiary for proceeds that become payable at your Child's death under this rider. If you have made an absolute assignment of your insurance, then during your lifetime the current owner is the Beneficiary. See the Portability Rider for information about the eligible Beneficiary for continued coverage after your death. This Beneficiary

designation may not be changed. Please refer to the LIFE INSURANCE BENEFITS section for more information about payment.

LIFE INSURANCE BENEFITS

We pay a death benefit to the Beneficiary if we receive Written proof that your Child died while Children's insurance under this rider is in force. See the CONVERSION provision for information about death benefits payable during the conversion period following your death. The death benefit is the amount of Children's life insurance on that Child for the eligible class as shown on the SCHEDULE OF BENEFITS in effect on the date of your Child's death.

NOTICE OF CLAIM AND PROOF OF LOSS

A claim form is available from the Employer or us. The process for completing the claim form and submitting the claim form will be explained in the claim form paperwork. Proof of loss, including any attachments indicated on the claim form as required, should be sent directly to us at the address indicated on the form. We may require additional information from the Employer in order to verify your Child is insured under this rider.

Proof of loss consists of a certified copy of your Child's death certificate or other lawful evidence providing equivalent information.

We will review proof of loss we receive in order to determine our liability and the correct payee(s). If we approve the claim, we will pay the benefits subject to the terms of this rider.

PAYMENT OF PROCEEDS

To be eligible to receive proceeds, the Beneficiary must be living on the date of your Child's death. Exception: If your Child dies during the conversion period following your death and you would otherwise have been the Beneficiary, we will pay the proceeds to your estate.

If the Beneficiary is eligible to receive proceeds but dies before receiving them, we will pay the proceeds to the Beneficiary's estate.

We will pay the death benefit to the Beneficiary in one sum or in a method comparable to one sum. Other methods of payment may be made available to the Beneficiary at the time of claim.

Any payment we make in good faith will discharge our liability to the extent of such payment.

PAYMENT OF INTEREST

We pay interest on the death benefit proceeds, accruing from the date of your Child's death up to the date of payment. The minimum interest rate payable will be the interest rate applicable for funds left on deposit with us as of the date of death.

Interest will accrue at an annual rate of 10% plus the interest rate applicable for funds left on deposit beginning with the date that is 31 calendar days from the latest of the dates below and continuing up to the date of payment:

- The date we receive due proof of loss following death.
- The date we receive sufficient information to determine our liability, the extent of our liability, and the appropriate payee legally entitled to the proceeds.
- The date that legal impediments to payment of proceeds that depend on the action of parties other than us are resolved and sufficient evidence of this resolution is provided to us. Legal impediments to payment include but are not limited to: the establishment of guardianships and conservatorships; the appointment and qualification of trustees, executors and administrators; and the submission of information required to satisfy state or federal reporting requirements.

EXCLUSIONS AND LIMITATIONS

If your Child commits suicide within two years of the date that Child's insurance starts, we will refund to the Beneficiary any Premiums paid instead of paying a death benefit. The two year period includes the period your Child was continuously covered under this rider and any previous group term life policy issued to the Policyholder during your Child's lifetime.

If your Child commits suicide within two years from the date an increase in Supplemental Children's Life Insurance (other than a scheduled or automatic increase) became effective, we will pay a death benefit for the amount of insurance that was effective before the increase. We will refund to the Beneficiary any Premiums paid for the increased amount of insurance.

Executed at our administrative office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Robert L. Grubka
President



Melissa A. O'Donnell
Secretary

WAIVER OF PREMIUM RIDER

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401
Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

POLICYHOLDER: Catholic Health Services of Long Island
GROUP POLICY NUMBER: 73110-2GAT2
EFFECTIVE DATE: January 1, 2023

This rider is made a part of the Group Term Life Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

CONTENTS

Definitions.....	page 1
General Provisions.....	page 1
Waiver of Premium Benefit.....	page 2

DEFINITIONS

Doctor means a person who is licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical physician. If so, then this definition includes persons recognized as qualified to treat the condition for which claim is made by the state in which treatment is received. This definition does not include you or your spouse, or your or your spouse's children, parents, grandparents, grandchildren, siblings and their spouses.

Total Disability or Totally Disabled means that due to an injury or sickness you are unable to perform the material duties of your regular job, and you are unable to perform for remuneration or profit any other job for which you are fit by education, training or experience. If we pay you an Employee benefit under the Accelerated Death Benefit Rider, you will automatically meet the definition of Total Disability under this rider.

Waiting Period means the 6 month period immediately following the date you stop Active Employment during which you are continuously Totally Disabled. If you return to work for a total of 30 days or less during the Waiting Period and then stop work again due to the same Total Disability, your Waiting Period will not be interrupted. If we pay you an Employee benefit under the Accelerated Death Benefit Rider, you will automatically satisfy the Waiting Period requirement under this rider.

GENERAL PROVISIONS

ELIGIBILITY FOR RIDER

If you are covered under the Policy, then you are eligible for this rider on the latest of the following:

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

EFFECTIVE DATE OF RIDER

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the date you are eligible for this rider.

TERMINATION OF RIDER

This rider terminates on the earliest of the following:

- The date your life insurance terminates.
- The date this rider is terminated for all Employees under the Policy.
- The date this rider is terminated for the eligible class of Employees to which you belong.
- The date life insurance coverage is being continued under the terms of the Portability Rider.

This rider will not terminate while Premiums are being waived under the terms of this rider, even if the Policy terminates.

TERMINATION OF COVERAGE

The TERMINATION OF COVERAGE provision in your Certificate is revised to add this item to the terms under which your coverage ends:

- The date Premiums are no longer being waived under the Waiver of Premium Rider, if you are not in an eligible class on that date.

The TERMINATION OF COVERAGE provision in your Spouse Life Insurance Rider is revised to add this item to the terms under which your Spouse coverage ends:

- The date we approve a claim under the Waiver of Premium Rider.

The TERMINATION OF COVERAGE provision in your Children's Life Insurance Rider is revised to add this item to the terms under which your Children's coverage ends:

- The date we approve a claim under the Waiver of Premium Rider.

WAIVER OF PREMIUM BENEFIT

If you become Totally Disabled while covered under this rider and meet the other conditions below, we will waive Premiums due under the Policy and continue insurance during your Total Disability, according to the terms of this rider. When we waive Premiums, the amount of continued life insurance equals the amount that would have been provided if you had not become Totally Disabled. That amount will reduce or stop according to the Certificate and riders in effect on the date Total Disability began. Premiums that are waived are not deducted from any proceeds that may become payable.

Continued life insurance includes the following if effective on the date before your Total Disability began:

- Employee life insurance.
- the Accelerated Death Benefit Rider.

Continued life insurance does not include:

- the Portability Rider.
- any continuation rider(s).

Any rider that is not eligible for waiver of premium under this rider will terminate on the date that coverage would otherwise end due to your termination of Active Employment.

Continued insurance is subject to all other terms of the Policy.

CONDITIONS FOR WAIVER OF PREMIUM

All of the following conditions must be met in order to waive Premiums:

- Total Disability begins before your 60th birthday.
- You are covered under this rider on the date your Total Disability begins.
- You are continuously Totally Disabled for the entire Waiting Period. Premiums due during the Waiting Period are subject to the continuation provision(s) of any riders.
- All Premiums due for life insurance and this rider are paid to us through the date we approve your claim for waiver of Premium or the date the continuation period under any rider ends, whichever is earlier. Premiums due are payable by the Policyholder or you as applicable.
- You provide notice of claim and proof of Total Disability to us as described below.

NOTICE OF CLAIM AND PROOF OF TOTAL DISABILITY

You must send us Written notice of claim while you are living, while you are Totally Disabled, and within 9 months of the date your Total Disability begins. Failure to give notice within 9 months will not invalidate or reduce any claim if it is shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

Notice of claim includes proof of your Total Disability. Proof of your Total Disability includes information from your Doctor, at your expense, regarding your condition and your inability to work. We may require additional information from the Employer in order to verify eligibility. We may also require you to be interviewed by our authorized representative. Proof of your Total Disability, including any attachments indicated on the claim form(s) as required, should be sent directly to us at the address indicated on the form(s). Claim forms are available from the Employer or us.

We have the right to request a second or third medical opinion, at our expense, in order to determine if you are Totally Disabled. Any second medical opinion may include a physical examination by a Doctor or other medical practitioner of our choice. In the case of conflicting medical opinions, Total Disability will be determined by a third medical opinion that is provided by a Doctor who is mutually acceptable to you and us.

If you die during the Waiting Period, no death benefit is payable.

EFFECTIVE DATE OF WAIVER OF PREMIUM

When we approve your claim, Premiums are waived as of the date after the Waiting Period ends. We will refund any unearned Premiums we receive to the Policyholder or to you, as appropriate. We will notify you in Writing when your claim is approved.

We will notify you and the Employer if we deny your claim. If we deny your claim, conversion is available as described in the CONVERSION provision of the Certificate and riders.

If we approve a claim for which notice of claim was provided to us more than 12 months after the date your Total Disability began, then any refund of unearned Premiums will not exceed 12 months of Premiums dating back from the date the notice of claim was received by us.

If you converted life insurance due to your termination of Active Employment and then a claim under this rider is approved, the conversion policy must be surrendered without claim. We will cancel the conversion policy as of the date of issue and refund any premiums paid. We will retain any beneficiary designation you made under your conversion policy as the Beneficiary under the group Policy, unless you change the Beneficiary as described under the BENEFICIARY provision in the Certificate. If the conversion policy is not surrendered without claim, then Premiums will not be waived under this rider. The same coverage(s) that would otherwise end due to your termination of Active Employment may not be both continued under this rider and converted.

After your claim is approved, we may periodically request additional proof of your continuing Total Disability, but not more frequently than once every six months.

TERMINATION OF WAIVER OF PREMIUM

We will stop waiving Premiums on the earliest of the following dates:

- The date you are no longer Totally Disabled.
- The date you do not give us proof of Total Disability as requested.
- Your 65th birthday.

If Premiums are no longer waived, insurance under the Policy will stay in force only if all of the following conditions are met:

- Life insurance is in force for Active Employees under the Policy, and
- You are in an eligible class for coverage under the Policy, and
- Your Premium payments are resumed.

The amount of insurance will be subject to the Certificate and riders in effect on the date your Premium payments are resumed.

You will not be eligible for portability under any Portability Rider on the date we stop waiving your Premiums.

CONVERSION AFTER TERMINATION OF WAIVER OF PREMIUM

When waiver of Premium under this rider ends, and if you are not otherwise eligible for insurance under the Policy, then conversion will be available as described in the CONVERSION provision of the Certificate and riders.

TOTAL AND PERMANENT DISABILITY

When waiver of Premium under this rider ends, and if you are not otherwise eligible for insurance under the Policy, and if you are Totally and Permanently Disabled as defined in the Certificate, then you will have the option to apply for a new certificate of term life insurance as described in the Certificate.

Executed at our administrative office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Michael S. Smith

President



Melissa A. O'Donnell

Secretary

ACCELERATED DEATH BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

POLICYHOLDER: Catholic Health Services of Long Island

GROUP POLICY NUMBER: 73110-2GAT2

EFFECTIVE DATE: January 1, 2023

This rider is made a part of the Group Term Life Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

THE AMOUNT OF LIFE INSURANCE WILL BE REDUCED IF AN ACCELERATED DEATH BENEFIT IS PAID. PREMIUM PAYMENTS WILL ALSO BE REDUCED. THE RECEIPT OF ACCELERATED DEATH BENEFITS MAY BE A TAXABLE EVENT. RECEIPT OF BENEFITS FOR A NURSING HOME RESIDENCY ARE NOT EXPECTED TO RECEIVE THE SAME FAVORABLE TAX TREATMENT AS OTHER TYPES OF ACCELERATED DEATH BENEFITS THAT MAY BE AVAILABLE TO YOU. YOU SHOULD SEEK ADDITIONAL INFORMATION ABOUT THE TAX STATUS OF THE PAYMENT FROM A PERSONAL TAX ADVISOR.

CONTENTS

Schedule of Benefits.....	page 1
Definitions.....	page 1
General Provisions.....	page 2
Accelerated Death Benefit.....	page 2

SCHEDULE OF BENEFITS

Accelerated Death Benefit

You: Your choice of 25% or 90% of the amount of Basic and Supplemental Life Insurance in force to a maximum of \$500,000.

Your Spouse: Your choice of 25% or 90% of the amount of Supplemental Spouse Life Insurance in force.

The Covered Person must have at least \$5,000 of life insurance coverage in force.

Your Spouse must have at least \$5,000 of life insurance coverage in force.

DEFINITIONS

Covered Person means:

- You, if you are covered for life insurance under the Policy.
- Your Spouse who is covered under your Spouse Life Insurance Rider.

Doctor means a person who is licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical physician. If so, then this definition includes persons recognized as qualified to treat the condition for which claim is made by the state in which treatment is received. This definition does not include you or your spouse, or your or your spouse's children, parents, grandparents, grandchildren, siblings and their spouses.

Nursing Home means a facility providing nursing care to sick, invalid, infirm, disabled or convalescent persons in addition to lodging and board or health-related service, or any combination of the foregoing, and in addition provides nursing care and/or health-related services to persons who are not occupants of the facility.

Qualifying Event means either of the following:

- Terminal Illness.
- The Covered Person has been a resident of a Nursing Home for three months or more, and the Covered Person is expected to remain there for the rest of his or her life, as certified by a Doctor.

Terminal Illness means a medical condition that is expected to result in the Covered Person's death within 6 months and from which there is no reasonable chance of recovery.

GENERAL PROVISIONS

ELIGIBILITY FOR RIDER

If you are covered under the Policy, then you are eligible for this rider on the latest of the following:

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

EFFECTIVE DATE OF RIDER

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the date you are eligible for this rider.

TERMINATION OF RIDER

This rider terminates on the earliest of the following:

- The date your life insurance terminates.
- The date this rider is terminated for all Employees under the Policy.
- The date this rider is terminated for the eligible class of Employees to which you belong.

This rider will not terminate while this rider is being continued under the terms of another rider.

Termination of this rider will not prejudice the payment of benefits for a Qualifying Event that occurred while this rider was in force.

CONVERSION

When this rider terminates, conversion of this rider is not available.

ACCELERATED DEATH BENEFIT

Accelerated death benefit proceeds is the amount we pay to you, while a Covered Person is living, if the Covered Person has a Qualifying Event. The accelerated death benefit proceeds are paid only once per Covered Person. This payout is the only settlement option available prior to a Covered Person's death.

The benefit is the amount of the accelerated death benefit shown on the SCHEDULE OF BENEFITS in effect on the date you request accelerated death benefit proceeds. When you request proceeds, you may elect a benefit percentage according to the available amounts shown on the SCHEDULE OF BENEFITS.

CONDITIONS FOR THE ACCELERATED DEATH BENEFIT

To receive a benefit payment under this rider, all of the following conditions must be met:

- Any required life insurance Premium is paid through the date you request proceeds under this rider.
- You request proceeds in Writing while the Covered Person is living. If you are unable to request payment yourself, your legal representative may request it on your behalf.
- The Covered Person is insured for life insurance benefits under the Policy.
- The Covered Person is insured for the minimum amount of life insurance as shown on the SCHEDULE OF BENEFITS in order to be eligible for benefits under this rider.
- You provide to us Written proof from a Doctor that the Covered Person has a Qualifying Event.
- You provide to us Written consent for payment from any irrevocable Beneficiary and, in community property states, from your spouse.

NOTICE OF CLAIM AND PROOF OF QUALIFYING EVENT

You must send us written notice of claim while the Covered Person is living.

Notice of claim includes proof of the Qualifying Event. Proof of the Qualifying Event includes information from the Covered Person's Doctor, at your expense, regarding the Covered Person's medical condition. We may require additional information from the Employer in order to verify the Covered Person is insured under this rider. Proof of the Qualifying Event, including any attachments indicated on the claim form(s) as required, should be sent directly to us at the address indicated on the form(s). A claim form is available from the Employer or us.

We have the right to request a second or third medical opinion, at our expense, in order to determine if the Covered Person is eligible under the terms of this rider. Any second medical opinion may include a physical examination by a Doctor designated by us. In the case of conflicting medical opinions, eligibility will be determined by a third medical opinion that is provided by a Doctor who is mutually acceptable to the Covered Person and us.

If we receive proof of more than one Qualifying Event at the time of claim, the Qualifying Event for purposes of the claim will be Terminal Illness.

When you request proceeds under this rider, you will be provided with a disclosure demonstrating the effect of the acceleration on the death benefit and Premium, and any other effects on coverage.

BENEFIT PAYMENT

We pay the benefit proceeds to you immediately upon receipt of due written proof of the Qualifying Event. If you are not the current owner of coverage under the Certificate or riders on the date proceeds are requested under this rider, then while you are living the benefit proceeds are payable to the current owner.

For coverage continued by your Spouse after your death or divorce, any benefit proceeds under this rider are payable to your Spouse. If your Spouse is not the current owner of coverage under the Spouse Life Insurance Rider and Children's Life Insurance Rider on the date accelerated death benefit proceeds are requested, then the benefit proceeds are payable to the current owner.

Benefit proceeds received for Terminal Illness will be paid as a lump sum.

For a Qualifying Event other than Terminal Illness, you may elect to receive the benefit proceeds as a lump sum or in monthly installments. You may elect monthly installments equal to 25% of the full amount of the benefit payable under this rider. The minimum monthly installment is \$500. Monthly installments are paid once every 30 days until the full accelerated benefit amount has been paid out. Each monthly installment paid will reduce the remaining death benefit by the same amount.

Any payment we make in good faith will discharge our liability to the extent of such payment.

If you or the Covered Person dies after you request proceeds under this rider but before any proceeds are received, then the accelerated death benefit claim will be cancelled and any death benefit will be payable under the terms of the Certificate and riders. If any monthly installments are remaining at the time of death, the remaining amount will be payable as a death benefit under the terms of the Certificate and riders.

EFFECTS ON COVERAGE

When we pay this benefit, coverage is affected in the following ways:

- The Covered Person's Basic and Supplemental Life Insurance amount is reduced by the accelerated death benefit proceeds paid under this rider.
- The Covered Person's life insurance amount that may be converted is reduced by the accelerated death benefit proceeds paid under this rider.
- You will not be eligible to increase the Covered Person's Contributory life insurance amount.
- Premium is reduced based upon the remaining life insurance amount. Such Premium must be paid, unless waived under the Waiver of Premium Rider, to keep the life insurance coverage in force.
- The Covered Person's remaining life insurance amount is subject to future BENEFIT REDUCTIONS, if any, as shown on the SCHEDULE OF BENEFITS in the Certificate or riders.
- You will not be able to reinstate the Covered Person's coverage to its full amount in the event of a recovery from a Qualifying Event.

Payment of accelerated death benefits for a Covered Person will not affect the amount of life insurance on other Covered Persons. If any death benefit remains after payment of the accelerated death benefit, coverage under the AD&D Rider will be unaffected by the payment of an accelerated death benefit.

Executed at our administrative office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Michael S. Smith

President



Melissa A. O'Donnell

Secretary

CONTINUATION OF INSURANCE RIDER
RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

POLICYHOLDER: Catholic Health Services of Long Island

GROUP POLICY NUMBER: 73110-2GAT2

EFFECTIVE DATE: January 1, 2023

This rider is made a part of the Group Term Life Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

CONTENTS

Definitions.....	page 1
General Provisions.....	page 1
Continuation of Insurance.....	page 2

DEFINITIONS

Covered Person means:

- You, if you are covered for life insurance under the Policy.
- Your Spouse who is covered under your Spouse Life Insurance Rider.
- Your Children who are covered under your Children’s Life Insurance Rider.

Leave of Absence means you are absent from Active Employment for a period of time under a leave granted in writing by the Employer that is in accordance with the Employer’s formal leave policies. Your normal vacation time is not considered a Leave of Absence.

Total Disability or Totally Disabled means that due to an injury or sickness you are unable to perform the material duties of your regular job, and you are unable to perform any other job for which you are fit by education, training or experience.

GENERAL PROVISIONS

ELIGIBILITY FOR RIDER

If you are covered under the Policy, then you are eligible for this rider on the latest of the following:

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

EFFECTIVE DATE OF RIDER

You will be covered at 12:01 a.m. standard time at the Policyholder’s address on the date you are eligible for this rider.

CHANGE OF INSURANCE CARRIERS

The CHANGE OF INSURANCE CARRIERS provision in the Certificate is revised to include an Employee whose coverage was being continued under a similar continuation provision of the Employer's prior policy on the date the Employer changes insurance carriers to our Policy.

TERMINATION OF RIDER

This rider terminates on the earliest of the following:

- The date your life insurance terminates.
- The date this rider is terminated for all Employees under the Policy.
- The date this rider is terminated for the eligible class of Employees to which you belong.

CONTINUATION OF INSURANCE

If you stop Active Employment due to:

- Employer-approved Leave of Absence, or
- Total Disability,

then life insurance coverage may be continued under the Policy beyond the date you are no longer in Active Employment, limited to the time period(s) described below.

During this continued coverage period, the amount of continued insurance equals the amount in effect the day prior to the continuation period. That amount will reduce or stop according to the Certificate and riders in effect the day prior to the continuation period.

Premiums are due, and sent by the Policyholder to us, during the continuation period on the same basis as on the day prior to the continuation period. Contact the Employer for more information.

If an eligible claim occurs while coverage is being continued under this rider, then benefits will be paid as described in the Certificate and riders.

FAMILY AND MEDICAL LEAVE

If you are on a Leave of Absence as described under the Family and Medical Leave Act of 1993 and any amendments ("FMLA") or applicable state family and medical leave law ("State FML"), and the Employer's human resource policy provides for continuation of life insurance during an FMLA or State FML Leave of Absence, then life insurance coverage for all Covered Persons may be continued until the end of the later of:

- The leave period permitted by FMLA.
- The leave period permitted by state FML.

This continuation of coverage includes all riders that were in effect on the date before the FMLA or State FML Leave of Absence began.

SICKNESS OR INJURY

If you are on a Leave of Absence due to your sickness or injury, including Total Disability, then life insurance coverage for all Covered Persons may be continued until the last day of the month which is on or next follows the date which is 12 months after the date you stopped Active Employment.

This continuation of coverage includes all riders that were in effect on the date before the Leave of Absence began.

MILITARY LEAVE

If you are on a Leave of Absence for active military service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 ("USERRA") and applicable state law, then life insurance coverage for all Covered Persons may be continued until the last day of the month which is on or next follows the date which is 3 months after the date you stopped Active Employment.

This continuation of coverage includes all riders that in effect on the date before the Leave of Absence began.

OTHER LEAVE OF ABSENCE

If you are on a Leave of Absence for any other reason, then life insurance coverage for all Covered Persons may be continued until the last day of the month which is on or next follows the date which is 12 months after the date you stopped Active Employment.

This continuation of coverage includes all riders that were in effect on the date before the Leave of Absence began.

CONCURRENT LEAVES OF ABSENCE

If you would be eligible for more than one type of continuation under this rider during any one period that you are not in Active Employment, we will consider such periods to be concurrent for the purpose of determining how long your coverage may continue under the Policy.

TERMINATION OF CONTINUATION

Coverage continued under this rider will end on the earliest of the following:

- The end of the continuation period as indicated above.
- The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the grace period.
- The date you are eligible under the Policy as an Active Employee.
- The date of your death.
- The date you become covered under another group life insurance policy as an employee or member.
- The date Premiums are waived under the Waiver of Premium Rider.
- The date the Policy terminates.
- The date coverage for all Active Employees under the Policy terminates.

In no event will coverage for any Covered Person be continued beyond the date coverage would otherwise end according to the termination provision(s) of the Certificate and riders.

When this continuation ends, other than by waiver of Premium, insurance under the Policy will stay in force only if all of the following conditions are met:

- Life insurance is in force for Active Employees under the Policy, and
- You are in an eligible class for coverage under the Policy, and
- Your Premium payments are resumed.

The amount of insurance will be subject to the Certificate and riders in effect on the date your Premium payments are resumed.

CONVERSION FOLLOWING TERMINATION OF CONTINUATION

When continuation under this rider ends other than for nonpayment of Premium or waiver of Premium, and if the Covered Person is not otherwise eligible for insurance under the Policy, then conversion will be available as described in the CONVERSION provision of the Certificate and riders.

TOTAL AND PERMANENT DISABILITY

When continued coverage under this rider ends other than for nonpayment of Premium, and if you are not otherwise eligible for insurance under the Policy, and if you are Totally and Permanently Disabled as defined in the Certificate, then you will have the option to apply for a new certificate of term life insurance as described in the Certificate.

RETURN TO ACTIVE EMPLOYMENT

If coverage is not continued during any period that is eligible for continuation under the Policy, and you return to Active Employment while coverage is in force for Active Employees under the Policy, then the terms of the Certificate and riders will apply.

Executed at our administrative office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Michael S. Smith
President



Melissa A. O'Donnell
Secretary

TOTAL DISABILITY CONTINUATION RIDER

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401
Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

POLICYHOLDER: Catholic Health Services of Long Island
GROUP POLICY NUMBER: 73110-2GAT2
EFFECTIVE DATE: January 1, 2023

This rider is made a part of the Group Term Life Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

CONTENTS

Definitions.....	page 1
General Provisions.....	page 1
Total Disability Continuation.....	page 2

DEFINITIONS

Covered Person means:

- You, if you are covered for life insurance under the Policy.
- Your Spouse who is covered under your Spouse Life Insurance Rider.
- Your Children who are covered under your Children's Life Insurance Rider.

Doctor means a person who is licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical physician. If so, then this definition includes persons recognized as qualified to treat the condition for which claim is made by the state in which treatment is received. This definition does not include you or your spouse, or your or your spouse's children, parents, grandparents, grandchildren, siblings and their spouses.

Total Disability or **Totally Disabled** means that due to an injury or sickness you are unable to perform the material duties of your regular job, and you are unable to perform any other job for which you are fit by education, training or experience.

GENERAL PROVISIONS

ELIGIBILITY FOR RIDER

If you are covered under the Policy, then you are eligible for this rider on the latest of the following:

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

EFFECTIVE DATE OF RIDER

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the date you are eligible for this rider.

CHANGE OF INSURANCE CARRIERS

The CHANGE OF INSURANCE CARRIERS provision in the Certificate is revised to include an Employee whose coverage was being continued under a similar total disability continuation provision of the Employer's prior policy on the date the Employer changes insurance carriers to our Policy.

TERMINATION OF RIDER

This rider terminates on the date your life insurance terminates.

TOTAL DISABILITY CONTINUATION

If life insurance for a Covered Person would otherwise end because you are no longer in Active Employment due to Total Disability, and your continuation of insurance under any other rider has ended, then life insurance coverage for all Covered Persons may be continued under the Policy for a limited period of time. During this continued coverage period, the amount of continued life insurance equals the amount that would have been provided if you had not become Totally Disabled. That amount will reduce or stop according to the Certificate and riders in effect on the date Total Disability began. Premiums are due, and sent by the Policyholder to us, during the continuation period on the same basis as on the date before Total Disability began.

Continued life insurance includes the following if effective on the date before your Total Disability began:

- Employee life insurance.
- the Spouse Life Insurance Rider.
- the Children's Life Insurance Rider.
- the Accelerated Death Benefit Rider.
- the AD&D Rider.
- the Waiver of Premium Rider.

Continued life insurance does not include:

- the Portability Rider.
- any other continuation rider(s).

Any rider that is not eligible for continuation under this rider will terminate on the date that coverage would otherwise end due to your termination of Active Employment.

Continued insurance is subject to all other terms of the Policy.

CONDITIONS FOR TOTAL DISABILITY CONTINUATION

All of the following conditions must be met in order to continue coverage under this rider:

- You are covered under this rider on the date your Total Disability begins.
- You are continuously Totally Disabled for the entire period your coverage is in force during the continuation period of any rider.
- All Premiums due for life insurance and this rider are paid to us through the date we approve your claim under this rider.

NOTICE OF CLAIM AND PROOF OF TOTAL DISABILITY

We must accept your proof of Total Disability in order for this rider to apply. You may request a claim form from the Employer or us in order to submit your proof of Total Disability to us. Proof of your Total Disability includes information from your Doctor, at your expense, regarding your condition and your inability to work. We may require additional information from the Employer in order to verify eligibility. We may also require you to be interviewed by our authorized representative. Proof of your Total Disability, including any attachments indicated on the claim form(s) as required, should be sent directly to us at the address indicated on the form(s).

We have the right to request a second or third medical opinion, at our expense, in order to determine if you are Totally Disabled. Any second medical opinion may include a physical examination by a Doctor or other medical practitioner of

our choice. In the case of conflicting medical opinions, Total Disability will be determined by a third medical opinion that is provided by a Doctor who is mutually acceptable to you and us.

We will notify the Employer if we approve your claim. We will notify you and the Employer if we deny your claim. If we deny your claim, conversion is available as described in the CONVERSION provision of the Certificate and riders.

If we approve your claim and you had previously converted coverage to an individual policy(ies) when your Active Employment terminated, then the individual policy(ies) must be surrendered without claim (other than refund of Premium) in order for coverage to be continued under this rider. The same coverage(s) that would otherwise end due to your termination of Active Employment may not be both continued under this rider and converted. The Beneficiary for your coverage will be the most recent Beneficiary designated under either the group Policy or the individual conversion policy. See the Certificate and riders for more information about the Beneficiary.

After your claim is approved, we may periodically request additional proof of your continuing Total Disability, but not more frequently than once every six months.

TERMINATION OF TOTAL DISABILITY CONTINUATION

Continued coverage under this rider will stop on the earliest of the following dates:

- The date you are no longer Totally Disabled.
- The date you do not give us proof of Total Disability as requested.
- Your 65th birthday; however, the continuation period will not be less than 6 months while the Policy is in force for Active Employees.
- The date coverage for all Active Employees under the Policy terminates.
- For your Spouse and Children's coverage, the date that person's life insurance would otherwise end according to the terms of the rider(s).

If coverage is no longer continued under this rider, insurance under the Policy will stay in force only if all of the following conditions are met:

- Life insurance is in force for Active Employees under the Policy, and
- You are in an eligible class for coverage under the Policy, and
- Your Premium payments are continued.

The amount of insurance will be subject to the Certificate and riders in effect on the date you become eligible as an Active Employee.

CONVERSION FOLLOWING TERMINATION OF TOTAL DISABILITY CONTINUATION

When continued coverage under this rider ends other than for nonpayment of Premium, and if the Covered Person is not otherwise eligible for insurance under the Policy, then conversion will be available as described in the CONVERSION provision of the Certificate and riders.

TOTAL AND PERMANENT DISABILITY

When continued coverage under this rider ends other than for nonpayment of Premium, and if you are not otherwise eligible for insurance under the Policy, and if you are Totally and Permanently Disabled as defined in the Certificate, then you will have the option to apply for a new certificate of term life insurance as described in the Certificate.

Executed at our administrative office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Michael S. Smith

President



Melissa A. O'Donnell

Secretary

PORTABILITY RIDER

RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401
Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

POLICYHOLDER: Catholic Health Services of Long Island
GROUP POLICY NUMBER: 73110-2GAT2
EFFECTIVE DATE: January 1, 2023

This rider is made a part of the Group Term Life Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

CONTENTS

Definitions.....	page 1
General Provisions.....	page 1
Portability.....	page 2

DEFINITIONS

Covered Person means:

- You, if you are covered for life insurance under the Policy.
- Your Spouse who is covered under your Spouse Life Insurance Rider.
- Your Children who are covered under your Children's Life Insurance Rider.

GENERAL PROVISIONS

ELIGIBILITY FOR RIDER

If you are covered under the Policy, then you are eligible for this rider on the latest of the following:

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

EFFECTIVE DATE OF RIDER

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the date you are eligible for this rider.

TERMINATION OF RIDER

This rider terminates on the earliest of the following:

- The date your life insurance terminates.
- The date this rider is terminated for all Employees under the Policy.
- The date this rider is terminated for the eligible class of Employees to which you belong.

This rider will not terminate while your coverage is being continued under the terms of this rider, except as described under the TERMINATION OF EMPLOYEE PORTABILITY provision.

PORTABILITY

If there are any Covered Persons on portability under this rider when the Policy would otherwise terminate, the Policy will remain in force to cover those Covered Persons on portability until the date there are no Covered Persons on portability.

EMPLOYEE PORTABILITY

Portability means you can apply to continue coverage under the same Policy after it would otherwise terminate, if certain conditions are met. Continued coverage under this rider includes the following:

- Employee Life Insurance under the Certificate
- Spouse Life Insurance under the Spouse Life Insurance Rider
- Children's Life Insurance under the Children's Life Insurance Rider
- Employee Basic AD&D Insurance under the AD&D Rider
- Coverage under all riders except the Waiver of Premium Rider and any Continuation riders

CONDITIONS FOR EMPLOYEE PORTABILITY

All of the following conditions must be met:

- You must apply for a minimum of \$5,000 in continued Employee coverage.
- If you apply for portability of Spouse coverage, you must apply for a minimum of \$5,000 in continued Spouse coverage.
- If you apply for portability of Children's coverage, you must apply for a minimum of \$1,000 in continued Children's coverage.
- You have not applied for conversion of life insurance on the same amounts.
- You apply for portability before the date you attain age 69.
- You apply for portability within 31 days of the date your Supplemental life insurance coverage would otherwise terminate due to any of the following:
 - You retire or terminate employment with the Employer, if coverage remains in effect under the Policy for other Active Employees.
 - The Policyholder terminates coverage under the Policy for all Active Employees, and does not replace it with another life insurance plan.
 - You are no longer in an eligible class for coverage under the Policy.
 - Any other continuation provided under the Policy ends.

You will be given notice of your portability and conversion rights within 15 days before or after the date any part of your life insurance ends. If notice is provided more than 15 but less than 90 days after such event, the time period in which you may apply for portability will be extended for 45 days after the notice is provided. If notice is not provided within 90 days after such event, the period to apply for portability ends at the end of the 90 days after the event.

Portability is not available for any of the following:

- Any amounts of life insurance for which a conversion application has been received by us.
- Coverage that reduces due to BENEFIT REDUCTIONS as described on the SCHEDULE OF BENEFITS in the Certificate or any riders.
- Coverage that reduces due to your change from one eligible class to another.
- Coverage that reduces due to a Policy change.
- Coverage that is being continued under the Waiver of Premium Rider.
- Coverage that ends due to termination under the Waiver of Premium Rider.

You may apply for conversion of any terminating life insurance amounts that are not eligible for portability. You may apply for conversion of your ported coverage at any time. See the CONVERSION provision of the Certificate and riders.

APPLICATION FOR EMPLOYEE PORTABILITY

You may apply for portability on the same amount of insurance that would otherwise terminate or a lesser amount according to the available amounts on the portability application. You must apply for portability of your insurance in order to continue Spouse and Children's insurance. The amount(s) that can be continued under this rider are subject to the following maximum(s):

- The lesser of 5 times your Basic Yearly Earnings or \$750,000 total Employee Life Insurance
- \$250,000 total Employee Life Insurance if you are age 60 or older
- \$650,000 of Employee Basic AD&D Insurance, not to exceed the amount of Employee Basic Life ported
- \$150,000 total Spouse Life Insurance, not to exceed the total amount of Employee Life ported
- \$10,000 total Children's Life Insurance, not to exceed the total amount of Employee Life ported

You may apply for conversion of any terminating life insurance amounts that exceed the maximum amount(s) eligible for portability. See the CONVERSION provision of the Certificate and riders. You will not be eligible to increase the ported coverage amount(s). Ported coverage is subject to all the terms of the Policy including BENEFIT REDUCTIONS as described on the SCHEDULE OF BENEFITS in the Certificate or any riders.

If you die within the time period allowed to apply for portability under this rider (the "conversion period"), without applying for portability, any life insurance amount that you were entitled to convert will be payable according to the CONVERSION provision of the Certificate and riders. If your Spouse or Child dies during the conversion period without an application for portability being received, any Spouse or Children's life insurance amount that you were entitled to convert will be payable according to the CONVERSION provision of your Spouse Life Insurance Rider or Children's Life Insurance Rider. Any AD&D Insurance amount you are eligible to port will be payable according to the AD&D Rider. Any unearned Premiums paid for portability will be refunded to the Beneficiary.

You do not need to provide Evidence of Insurability in order to apply for portability. You may complete the Evidence of Insurability section of the application if you want to request a lower portability Premium rate. If we accept your application for portability but decline any Evidence of Insurability, you may either pay the standard portability Premium rate or apply for conversion of life insurance within 31 days of the date we provide you Written notice of conversion. See the CONVERSION provision of the Certificate and riders. Your coverage must be ported under the terms of this rider in order for Spouse or Children's coverage to be ported.

Your application for portability must be approved by us. When we approve your application, ported coverage under this rider will be effective on the date your life insurance under the Policy would have otherwise terminated. Premiums under this rider will be billed directly to you on a quarterly basis. Continued Premium payment is required to keep coverage in force. The initial Premium will be based on the portability Premium rates in effect at the time you apply for portability. We may change the portability Premium rates at any time upon 90 days Written notice to you.

If you have made an absolute assignment of your insurance, only the current owner may apply for portability.

MISSTATEMENT OF EVIDENCE OF INSURABILITY FOR EMPLOYEE PORTABILITY

If your or your Spouse's Premium rates are based on Evidence of Insurability as provided on your application for portability, and you or your Spouse have misstated any information requested on the application for portability such that the lower Premium rates would not have been approved by us, then we will adjust your or your Spouse's Premium to the standard portability Premium rates. Any back Premium due as a result of this adjustment will be required. We will not adjust your or your Spouse's Premium after coverage has been continued under this rider for two years during your or your Spouse's lifetime.

GRACE PERIOD FOR EMPLOYEE PORTABILITY

You have a grace period of 31 days for the payment of any Premium due. During the grace period coverage will remain in force. If full Premium payment is not received by us by the due date, we will give Written notification to you that if the Premium is not paid by the end of the grace period then all coverage will end on the last day of the grace period. If we fail to give such Written notice, coverage will continue in effect until the date such notice is given. We may extend the grace period by giving Written notice of such intent to you, and such notice will specify the date all coverage will terminate if the Premium remains unpaid. You are required to pay a pro rata Premium for any period coverage was in force during the grace period. Premium payment is required for any grace period, any extension of such period, and any period for which coverage was in effect and Premium was not paid.

TERMINATION OF EMPLOYEE PORTABILITY

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the grace period.
- The date you attain age 70.
- The date you die.

- The date we approve a claim under the Waiver of Premium Rider.

You may apply for conversion of any life insurance amount(s) that terminate when portability under this rider ends, other than for nonpayment of Premium or at your death. Your surviving Spouse and Children may apply for conversion of any Spouse and Children's life insurance amount(s) that terminate when you die. See the CONVERSION provision of the Certificate and riders.

Any unearned Premiums paid for ported coverage will be refunded.

PORTABILITY AT DEATH OR DIVORCE

If you die, your Spouse can apply to continue coverage under the same Policy if certain conditions are met. Continued coverage following your death includes the following:

- Spouse Life Insurance under the Spouse Life Insurance Rider
- Children's Life Insurance under the Children's Life Insurance Rider

If you divorce, your Spouse can apply to continue coverage under the same Policy if certain conditions are met. Your Spouse's continued coverage following divorce includes the following:

- Spouse Life Insurance under the Spouse Life Insurance Rider

For purposes of this rider, "divorce" includes annulment.

CONDITIONS FOR PORTABILITY AT DEATH OR DIVORCE

All of the following conditions must be met:

- Your Spouse must have been insured under your Spouse Life Insurance Rider on the date of your death or divorce.
- Your Spouse must apply for portability before the date your Spouse attains age 60.
- Your Spouse must apply for portability within 31 days of your death or divorce.

Your Spouse will be given notice of portability and conversion rights when your Spouse's life insurance ends due to death or divorce. If notice is provided more than 15 but less than 90 days after such event, the time period in which your Spouse may apply for portability will be extended for 45 days after the notice is provided. If notice is not provided within 90 days after such event, the time period to apply for portability ends at the end of 90 days after the event.

Children may be covered following your death only if they would have been eligible for coverage under the eligibility rules in force prior to your death.

Conversion is available for any terminating life insurance amount(s) that are not eligible for portability. See the CONVERSION provision of the riders. Any amounts of life insurance for which an application for conversion has been received by us are not eligible for portability under this rider.

APPLICATION FOR PORTABILITY AT DEATH OR DIVORCE

Your Spouse may apply for portability of the same amount of insurance that would otherwise terminate or a lesser amount according to the available amounts on the portability application. Your Spouse must apply for portability of Spouse insurance in order to continue Children's insurance. Your Spouse may only apply for portability of Children's Insurance in the event of your death. The amount(s) that can be continued under this provision are subject to the following maximum(s):

- \$150,000 total Spouse Life Insurance
- \$10,000 total Children's Life Insurance, not to exceed the total amount of Spouse Life ported

Conversion is available for any life insurance amounts that exceed the maximum amount(s) eligible for portability under this provision. See the CONVERSION provision of the riders. Your Spouse will not be eligible to increase the ported coverage amount. Ported coverage is subject to all the terms of the Policy, Certificate and any riders.

If your Spouse dies within the time period to apply for portability under this provision (the "conversion period"), without applying for portability, any Spouse life insurance amount that was eligible for conversion will be payable according to the CONVERSION provision of the Spouse Life Insurance Rider. If your Child dies during the conversion period without your Spouse applying for portability, any Children's life insurance amount that was eligible for conversion on

that Child will be payable according to the CONVERSION provision of the Children's Life Insurance Rider.. Any unearned Premiums paid for portability will be refunded to the Beneficiary.

Your Spouse does not need to provide Evidence of Insurability in order to apply for portability. Your Spouse may complete the Evidence of Insurability section of the application if your Spouse wants to request a lower portability Premium rate. If we accept your Spouse's application for portability but decline your Spouse's Evidence of Insurability, your Spouse may either pay the standard portability Premium rate or apply for conversion of life insurance within 31 days of the date we provide your Spouse Written notice of conversion. See the CONVERSION provision of the riders. Spouse coverage must be ported under the terms of this rider in order for Children's coverage to be ported.

If we approve your Spouse's application for portability, your Spouse will become the owner of the Spouse coverage that was previously provided under your Spouse Life Insurance Rider. If Children's coverage is ported after your death, your Spouse will also become the owner of the Children's coverage that was previously provided under your Children's Life Insurance Rider. Ported coverage under this provision will be effective on the date the coverage would have otherwise terminated. Premiums under this provision will be billed directly to your Spouse on a quarterly basis. Continued Premium payment is required to keep coverage in force. The initial Premium will be based on the portability Premium rates in effect at the time your Spouse applies for portability. We may change the portability Premium rates at any time upon 90 days Written notice to your Spouse.

If you have made an absolute assignment of your insurance, the current owner's rights under the Policy will terminate on the date of your death. The current owner's rights regarding your Spouse's insurance will terminate on the date of your divorce. Your Spouse as the new owner under this provision may make an absolute assignment of insurance, as described in the ASSIGNMENT provision of the Certificate.

BENEFICIARY FOR PORTABILITY AT DEATH OR DIVORCE

For coverage continued under this provision, the Beneficiary is named by your Spouse to receive any proceeds payable at your Spouse's death. While your Spouse's coverage is in force under this provision, your Spouse may change the Beneficiary by Written request on a form that is acceptable to us. A Beneficiary designation form is available from us. An accepted designation will take effect as of the date it is Signed but will not affect any payment we make or action we take before receiving the Signed form. If your Spouse has made an absolute assignment of insurance, only the current owner may change the Beneficiary designation for proceeds payable at your Spouse's death.

If an irrevocable Beneficiary is named for proceeds payable at your Spouse's death, the Beneficiary designation can only be changed with the consent of the irrevocable Beneficiary.

There can be one or more Beneficiaries for proceeds payable at your Spouse's death. If two or more Beneficiaries are named and their shares are not specified in the Beneficiary designation, then the Beneficiaries will share any insurance proceeds equally. If a primary Beneficiary does not survive your Spouse, their share will be payable to the remaining primary Beneficiaries. One or more contingent Beneficiaries may be named to receive the proceeds in the event that all of the primary Beneficiaries named do not survive your Spouse.

Your Spouse is the Beneficiary for all other proceeds payable. This Beneficiary designation may not be changed. If your Spouse has made an absolute assignment of insurance, then during your Spouse's lifetime those proceeds are payable to the current owner.

PAYMENT OF PROCEEDS FOR PORTABILITY AT DEATH OR DIVORCE

For coverage continued under this provision, a Spouse death benefit is payable if your Spouse dies while the Spouse Life Insurance Rider is in force. Other benefits are payable if a covered loss occurs while coverage is in force, and while your Spouse is living. See the CONVERSION provision of the Children's Life Insurance Rider for information about death benefits payable during the conversion period following your Spouse's death.

To be eligible to receive proceeds, the Beneficiary must be living on the date of your Spouse's or Child's death or loss under any rider. Exception: If your Child dies during the conversion period following your Spouse's death and your Spouse would otherwise have been the Beneficiary, we will pay the Child death benefit proceeds to your Spouse's estate.

If the Beneficiary is eligible to receive proceeds but dies before receiving them, we will pay the proceeds to the Beneficiary's estate. If there is no eligible Beneficiary, we will pay the proceeds to your Spouse's estate.

MISSTATEMENT OF EVIDENCE OF INSURABILITY FOR PORTABILITY AT DEATH OR DIVORCE

If your Spouse's Premium rates are based on Evidence of Insurability as provided on your Spouse's application for portability, and your Spouse has misstated any information requested on the application for portability such that the lower Premium rates would not have been approved by us, then we will adjust your Spouse's Premium to the standard portability Premium rates. Any back Premium due as a result of this adjustment will be required. We will not adjust your Spouse's Premium after coverage has been continued under this rider for two years during your Spouse's lifetime.

GRACE PERIOD FOR PORTABILITY AT DEATH OR DIVORCE

Your Spouse has a grace period of 31 days for the payment of any Premium due. During the grace period coverage will remain in force. If full Premium payment is not received by us by the due date, we will give Written notification to your Spouse that if the Premium is not paid by the end of the grace period then all coverage will end on the last day of the grace period. If we fail to give such Written notice, coverage will continue in effect until the date such notice is given. We may extend the grace period by giving Written notice of such intent to your Spouse, and such notice will specify the date all coverage will terminate if the Premium remains unpaid. Your Spouse is required to pay a pro rata Premium for any period coverage was in force during the grace period. Premium payment is required for any grace period, any extension of such period, and any period for which coverage was in effect and Premium was not paid.

TERMINATION OF PORTABILITY AT DEATH OR DIVORCE

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which Premiums are paid if the next Premium is not paid by its due date, subject to the grace period.
- The date your Spouse attains age 70.
- The date your Spouse dies.
- For each Child's coverage, the date the Child is no longer an eligible Child as defined by the Children's Life Insurance Rider. Coverage of a disabled Child ends when there is no longer evidence satisfactory to us that the incapacity is continuing.
- For Children's coverage, the date there are no longer any eligible Children covered under the Children's Life Insurance Rider.

If your Spouse is continuing coverage under this provision and then later your Spouse becomes eligible as an Active Employee under the Policy, then any amount(s) of coverage continued under this rider will be reduced by the amount(s) of coverage your Spouse has as an Active Employee. Any unearned Premiums paid for ported coverage will be refunded.

CONVERSION FOR TERMINATION OF PORTABILITY AT DEATH OR DIVORCE

Your Spouse may convert any life insurance amounts that stop when portability under this provision ends for any reason other than nonpayment of Premium, or your Spouse's death, or your Child's loss of eligibility under the Children's Life Insurance Rider. Conversion is also available for any part of Spouse life insurance that reduces due to a Policy change. Conversion is also available for any part of Children's life insurance that reduces due to a Policy change. See the CONVERSION provision of the rider(s). If your Spouse has made an absolute assignment of insurance, only the current owner may apply for conversion under this paragraph.

Your Child may convert any Children's life insurance amount that stops under the Children's Life Insurance Rider due to your Child's loss of eligibility under that rider, or when portability under this rider ends due to your Spouse's death. If a Child is too young to contract for life insurance, then a parent or a court-appointed guardian of the Child may apply for conversion of that Child's coverage. See the CONVERSION provision of the rider.

Executed at our administrative office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Michael S. Smith
President



Melissa A. O'Donnell
Secretary

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) RIDER RELIASTAR LIFE INSURANCE COMPANY OF NEW YORK

Administrative Office: 250 Marquette Avenue, Suite 900, Minneapolis, Minnesota 55401

Home Office: 1000 Woodbury Road, Suite 102, P.O. Box 9004, Woodbury, NY 11797

POLICYHOLDER: Catholic Health Services of Long Island

GROUP POLICY NUMBER: 73110-2GAT2

EFFECTIVE DATE: January 1, 2023

This rider is made a part of the Group Term Life Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

CONTENTS

Schedule of Benefits.....	page 1
Definitions.....	page 3
General Provisions.....	page 4
AD&D Benefits.....	page 5
Claims.....	page 7
Exclusions.....	page 8

SCHEDULE OF BENEFITS

BASIC EMPLOYEE AD&D INSURANCE

Basic Employee AD&D Insurance is Noncontributory by Employees.

Eligible Class(es)	Full Amount
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All Eligible Employees	Equal to the amount of Basic Employee Life Insurance
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An insurance amount that does not equal an increment of \$1,000 is rounded to the next higher \$1,000.

Your Basic Yearly Earnings are rounded to the next higher \$1,000.

MAXIMUM AMOUNT OF BASIC EMPLOYEE AD&D INSURANCE

\$650,000

The Basic Employee AD&D Insurance amount will not exceed the Basic Employee life insurance amount in force.

EMPLOYEE BENEFIT REDUCTIONS

Basic Employee AD&D Insurance

Your insurance amount will decrease as follows:

- To 65% of the original amount on the first day of the month that is on or next follows your 70th birthday.
- To 55% of the original amount on the first day of the month that is on or next follows your 75th birthday.
- To 30% of the original amount on the first day of the month that is on or next follows your 80th birthday.
- To 20% of the original amount on the first day of the month that is on or next follows your 85th birthday.

Reduced insurance amounts are not rounded.

ACCIDENTAL DEATH BENEFIT

For:

Loss of life

Benefit Amount:

Full Amount of AD&D Insurance

ACCIDENTAL DISMEMBERMENT BENEFITS

For:

Loss of an Arm

Loss of a Leg

Loss of a Hand

Loss of a Foot

Loss of a Finger

Loss of a Toe

Benefit Amount:

75% of the Full Amount of AD&D Insurance

75% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

5% of the Full Amount of AD&D Insurance to a maximum of \$5,000 per finger

5% of the Full Amount of AD&D Insurance to a maximum of \$5,000 per toe

OTHER ACCIDENTAL LOSS BENEFITS

For:

Loss of Sight in both eyes

Loss of Sight in one eye

Loss of Speech

Loss of Hearing

Paralysis of all four limbs

Paralysis of three limbs

Paralysis of two limbs

Paralysis of one limb

Coma

Benefit Amount:

100% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

50% of the Full Amount of AD&D Insurance

100% of the Full Amount of AD&D Insurance

75% of the Full Amount of AD&D Insurance

75% of the Full Amount of AD&D Insurance

75% of the Full Amount of AD&D Insurance

2% of the Full Amount of AD&D Insurance to a maximum of \$24,000

Only one Full Amount is payable for any combination of the losses listed above per Covered Person. For example: if the Covered Person has a loss for which the Benefit Amount paid was 50% of the Full Amount of that Covered Person's AD&D Insurance, then the Benefit Amount for that Covered Person's next loss will be no more than 50% of the Full Amount.

ADDITIONAL ACCIDENT BENEFITS

Benefit:

Safety Belt use

Airbag use

Additional Amount:

Equal to 10% of the full Benefit Amount for loss of life to a maximum of \$10,000

Equal to 5% of the full Benefit Amount for loss of life to a maximum of \$5,000

Repatriation	Equal to 2% of the full Benefit Amount for loss of life to a maximum of \$2,000
Child Care (per child)	Equal to 5% of the full Benefit Amount for loss of life annually up to a total of \$10,000 for all children
Child education (per student)	Equal to 5% of the full Benefit Amount for loss of life up to a total of \$3,000 for all students per academic year for up to 4 years.
Spouse education	Equal to 5% of the full Benefit Amount for loss of life up to a total of \$3,000 per academic year for up to 4 years
Elder care	Equal to 5% of the full Benefit Amount for loss of life to a maximum of \$20,000

DEFINITIONS

Accidental Injury means a bodily injury sustained by a Covered Person, which is a direct result of an accident, independent of disease or bodily or mental illness or infirmity or any other cause, and which occurs while the Covered Person's insurance under this rider is in force. Accidental Injury includes bodily injury caused by exposure to the elements when the exposure is a direct result of an accident.

Airbag means a passenger restraint system installed by the manufacturer in the Automobile in which the Covered Person was riding at the time of the Accidental Injury, which inflates for added protection to the head and chest areas.

Automobile means any self-propelled private passenger vehicle which has four or more tires and which is not being used for commercial purposes.

Child Care means any facility or private care that:

- is licensed as child care by the state,
- provides non-medical care and supervision for children, and
- is not operated by you or a member of your immediate family.

Coma means a state of deep and total unconsciousness from which the comatose person cannot be aroused, as determined by a Doctor, and which continues for a period of 30 days.

Covered Person means:

- You, if you are covered for life insurance under the Policy.

Doctor means a licensed practitioner of the healing arts acting within the scope of his or her license. The doctor must be licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical physician. If so, then this definition includes persons recognized as qualified to treat the condition for which claim is made by the state in which treatment is received. This definition does not include you or your immediate family including your spouse, or your or your spouse's children, parents, grandparents, grandchildren, siblings and their spouses.

Loss of a Finger means the finger is permanently severed from the body through or above the metacarpophalangeal joints (i.e. the third joint from the tip of the finger or the second joint from the tip of the thumb) but below the wrist. See "Loss of a Hand" for loss of the thumb and index finger of the same hand.

Loss of a Foot means the foot is permanently severed from the body at or above the ankle but below the knee.

Loss of a Hand means the hand is permanently severed from the body at or above the wrist, but below the elbow. Loss of a Hand includes loss of the thumb and index finger of the same hand where the thumb and index finger are permanently severed through or above the metacarpophalangeal joints (i.e. the third joint from the tip of the finger or the second joint from the tip of the thumb).

Loss of a Leg means the leg is permanently severed from the body at or above the knee.

Loss of a Toe means the toe is permanently severed from the body at or above the metatarsophalangeal joints but below the ankle.

Loss of an Arm means the arm is permanently severed from the body at or above the elbow.

Loss of Hearing means the entire and irrevocable loss of hearing in both ears, as determined by a Doctor.

Loss of Sight means permanent and uncorrectable loss of sight in an eye, as determined by a Doctor. The visual acuity must be 20/200 or worse in the eye, or the field of vision must be less than 20 degrees.

Loss of Speech means the entire and irrevocable loss of speech as determined by a Doctor.

Paralysis means the total impairment of voluntary movement and sensory function of a limb (arm or leg), without severance, and the paralysis is determined by a Doctor to be permanent, complete and irreversible.

Safety Belt means a passenger restraint system properly installed in the Automobile in which the Covered Person was riding at the time of the Accidental Injury, which consists of a belt or strap.

GENERAL PROVISIONS

ELIGIBILITY

If you are working for the Employer in an eligible class (shown in the Certificate's SCHEDULE OF BENEFITS), you are eligible for this rider on the latest of the following dates:

- The Policy effective date.
- The date this rider is available to the eligible class of Employees to which you belong.
- Your life insurance coverage effective date.

EFFECTIVE DATE

For Noncontributory coverage, each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage.

EFFECTIVE DATE OF CHANGES TO COVERAGE

Once AD&D coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The first day of the month that is on or next follows the date of the increased or additional coverage, if you are in Active Employment.
- The first day of the month that is on or next follows the date you return to Active Employment, if you are not in Active Employment on the date the increased or additional coverage would otherwise start.

Any decrease in coverage other than benefit reductions noted on the SCHEDULE OF BENEFITS will take effect at the end of the month but will not affect a payable claim that occurs prior to the decrease.

TERMINATION

This rider will terminate on the earliest of the following:

- The date your life insurance terminates.

- The date this rider is terminated for all Employees under the Policy.
- The end of the period for which Premiums for this rider are paid if the next Premium is not paid by its due date, subject to the grace period.
- The date you voluntarily cancel this rider in Writing, as allowed by the Employer unless prohibited by federal and state law.
- The date you retire from Active Employment with the Employer.
- The date a claim is approved under the Waiver of Premium Rider.

Termination will not prejudice the payment of benefits for a covered loss caused by an Accidental Injury that occurs while the Covered Person is insured under this rider.

CONVERSION

When coverage under this rider terminates, conversion of AD&D coverage to an individual policy is not available.

INCONTESTABILITY

Any statement made by you is considered a representation and not a warranty. We will not use such statement to contest insurance under this rider after it has been in force for two years during the Covered Person's lifetime. We will not use such statement to contest an increase or benefit addition to such insurance, after the increase or benefit has been in force for two years during the Covered Person's lifetime.

The statement on which any contest is based must be material to the risk accepted or the hazard assumed by us.

AD&D BENEFITS

We will pay an AD&D benefit according to the SCHEDULE OF BENEFITS if a Covered Person suffers a covered loss (as described below) as the result of an Accidental Injury. The Covered Person must be insured under this rider on the date of the Accidental Injury, and the cause of the loss must not be excluded.

If any benefit described below indicates that it is payable to you if living, and you are not the current owner of coverage under the Certificate or riders on the date of the loss, then those benefit proceeds are payable to the current owner. See the Portability Rider for information about the eligible Beneficiary for continued coverage after your death or divorce.

Accidental Death

A benefit is payable to the Beneficiary if an Accidental Injury causes a Covered Person's death within 365 days of the Accidental Injury. See the Certificate and riders for more information about the Beneficiary.

We will presume that the Covered Person died as a result of Accidental Injury if all of the following are true:

- The conveyance in which the Covered Person was traveling (including but not limited to an automobile, airplane, ship or train) disappears, sinks or is wrecked.
- The body of the Covered Person is not found.
- A reasonable period of time, but not more than 365 days has lapsed from the later of the date the conveyance was scheduled to arrive at its destination or the date the Covered Person was reported missing to the authorities.

If we pay an Accidental Death benefit due to the Covered Person's disappearance and it is later found that the Covered Person is alive, the benefits paid must be refunded to us.

Accidental Dismemberment

A benefit is payable if an Accidental Injury causes a Covered Person's loss of a covered limb or appendage within 180 days of the Accidental Injury. The types of and benefit amounts for covered Accidental Dismemberment losses are shown on the SCHEDULE OF BENEFITS. Accidental Dismemberment benefits are payable to you if living, otherwise to the Beneficiary.

If Accidental Injury causes more than one loss to the same covered limb or appendage, only the largest benefit for the loss will be payable.

Other Accidental Loss

A benefit is payable if an Accidental Injury causes a Covered Person's loss as described below. The benefit amounts for these covered losses are shown on the SCHEDULE OF BENEFITS. These benefits are payable to you if living, otherwise to the Beneficiary.

Loss of Sight: The Covered Person has a Loss of Sight in one or both eyes, and the Loss of Sight is continuous for days following the date the Loss of Sight began. Loss of Sight must be diagnosed within 180 days of the Accidental Injury.

Loss of Speech: The Covered Person has a Loss of Speech that is continuous for 180 days following the date the Loss of Speech began. Loss of Speech must be diagnosed within 180 days of the Accidental Injury.

Loss of Hearing: The Covered Person has a Loss of Hearing in both ears, and the Loss of Hearing is continuous for 180 days following the date the Loss of Hearing began. Loss of Hearing must be diagnosed within 180 days of the Accidental Injury.

Paralysis: The Covered Person has Paralysis of one or more limbs. Only one Paralysis benefit is payable per Accidental Injury. Paralysis must be diagnosed within 180 days of the Accidental Injury.

Coma: The Covered Person is in a Coma that is continuous for 180 days following the date the Coma began. A Coma must be diagnosed within 180 days of the Accidental Injury.

Additional Accident Benefits

When a benefit is payable under this rider for Accidental Death, Accidental Dismemberment or Other Accidental Loss, an Additional Accident Benefit may be payable under the terms described below. The additional benefit amounts are shown on the SCHEDULE OF BENEFITS. These benefits are payable to you if living, otherwise to the Beneficiary.

Safety Belt use: The Accidental Injury causing death occurs while the Covered Person is riding in an Automobile equipped with Safety Belts, and the Covered Person was wearing a properly fastened Safety Belt at the time of the Accidental Injury.

If the accident report or other accident records can't verify the Safety Belt use, and payment of this benefit would not otherwise be excluded, then a flat benefit amount of \$1,000 is payable.

This benefit is not payable if the death was caused or contributed to by any use of intoxicating liquors, marijuana, narcotic drugs, depressants or similar substances, whether or not prescribed by a Doctor, by the Covered Person or by the driver of the Automobile in which the Covered Person was riding.

Airbag use: The Accidental Injury causing death occurs while the Covered Person is riding in an Automobile equipped with an Airbag for the Covered Person's seat in which the Airbag for the Covered Person's seat operated properly upon impact at the time of the Accidental Injury. The Covered Person must also have been wearing a properly fastened Safety Belt at the time of the Accidental Injury.

If the accident report or other accident records can't verify the Airbag use, and payment of this benefit would not otherwise be excluded, then a flat benefit amount of \$1,000 is payable.

This benefit is not payable if the death was caused or contributed to by any use of intoxicating liquors, marijuana, narcotic drugs, depressants or similar substances, whether or not prescribed by a Doctor, by the Covered Person or by the driver of the Automobile in which the Covered Person was riding.

Repatriation: The Covered Person's accidental death occurs at least 100 miles from the Covered Person's primary residence and a cost is incurred to move the body back to a mortuary near the Covered Person's home or primary place of residence.

Child Care: Your dependent child under age 13 is enrolled in Child Care within 31 days of the date of your death for which a benefit is payable under this rider. Benefits will stop when your child is no longer eligible.

If you do not have an eligible dependent child, a flat benefit amount of \$1,000 is payable.

Child education: Your dependent child is enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond grade 12 within 365 days following the date of your death for which a benefit is payable under this rider. To be considered full-time, your child's full-time school attendance must be 6 months or more in each annual period following the loss. Benefits are payable at the end of each annual period following the loss. The Beneficiary must provide proof annually that your child remains eligible. Benefits will stop when your child is no longer eligible.

A dependent child for this benefit has the same meaning as a Child under the Children's Life Insurance Rider.

If you do not have an eligible dependent child, a flat benefit amount of \$1,000 is payable.

Spouse education: Your spouse is enrolled as a full-time student in an accredited post-secondary institution of higher learning beyond grade 12 within 365 days following the date of your death for which a benefit is payable under this rider. To be considered full-time, your spouse's full-time school attendance must be 6 months or more in each annual period following the death. Benefits are payable at the end of each annual period following the death. The Beneficiary must provide proof annually that your spouse remains eligible. Benefits will stop when your spouse is no longer eligible.

A spouse for this benefit has the same meaning as a Spouse under the Spouse Life Insurance Rider.

If you do not have an eligible spouse, a flat benefit amount of \$1,000 is payable.

Elder care: A relative age 65 or older is dependent on you for support and maintenance at the time of your death, and either resided with you or incurred expenses for a nursing home or home health care which were partially or fully paid by you. Only one elder care benefit is payable under this rider. The Beneficiary must provide proof of an eligible relative in order to receive this benefit.

A relative for this benefit means your spouse, your sibling, your parent, your grandparent, or the sibling, parent, or grandparent of your spouse. A spouse for this benefit has the same meaning as a Spouse under the Spouse Life Insurance Rider.

If you do not have an eligible relative, a flat benefit amount of \$1,000 is payable.

CLAIMS

NOTICE OF CLAIM

You or the Beneficiary should send us Written notice of claim within 30 days after the date of loss. The notice may be given to us at our home or administrative office, or to our authorized agent or administrator. Failure to give notice within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such notice within that time and the notice was given as soon as reasonably possible.

CLAIM FORM

The claim form is available from the Employer or you can request a claim form from us. If you do not receive the form from us within 15 days of your request, you may send us Written proof of claim without waiting for the form. If such Written proof of claim covers the occurrence, character and extent of the loss within the time period below for proof of loss, you will be deemed to have complied with the requirements for providing proof of claim.

FILING A CLAIM

The claim form(s) may require completion by you and the Employer and the Covered Person's attending Doctor. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to us at the address indicated on the form.

PROOF OF LOSS

You or the Beneficiary must send us Written proof of loss within 120 days after the date of loss. Failure to give such proof within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such proof within that time, and the proof was given as soon as reasonably possible. However, in any event other than a death claim, you must provide proof of loss no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

Proof of loss for a death claim consists of a certified copy of the Covered Person's death certificate or other lawful evidence providing equivalent information, and proof of the claimant's interest in the proceeds. Proof of loss for any other claim consists of information from the Covered Person's Doctor, at your expense, regarding the Covered Person's loss that is covered under this rider.

PHYSICAL EXAMINATION

We may require the Covered Person to be examined, at our expense, by one or more Doctors or other medical practitioners of our choice. We can require an examination as often as it is reasonable to do so while the claim is pending. Failure to comply with this request may result in denial or termination of benefits.

AUTOPSY

We reserve the right to make a reasonable request for an autopsy at our expense where permitted by law.

PAYMENT OF CLAIMS

We will review proof of loss we receive in order to determine our liability and the correct payee(s). Benefits payable under this rider will be paid not more than 60 days after receipt of proof of loss.

LEGAL ACTION

Legal action may not be taken regarding a claim until 60 days after the date Written proof of loss has been given to us, and no later than 2 years from the time proof of loss is required, unless otherwise provided under federal law. Nothing in this provision waives, extends or tolls any applicable statute of limitations governing any claim relating in any way to the Covered Person's coverage.

EXCLUSIONS

Benefits under this rider are not payable for any loss where the contributing cause was any of the following:

- Suicide, attempted suicide, or intentionally self-inflicted injury.
- Sickness, other than an infection that was the result of an Accidental Injury.
- Mental or emotional disorders.
- War or act of war (whether declared or undeclared).
- Service in the armed forces or units auxiliary thereto.
- Participation in a riot or insurrection.
- Commission of or attempt to commit a felony.
- Being engaged in an illegal occupation.
- Being intoxicated or under the influence of any narcotic unless administered on the advice of a Doctor.
- Aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

Executed at our administrative office:
250 Marquette Avenue, Suite 900
Minneapolis, MN 55401



Michael S. Smith
President



Melissa A. O'Donnell
Secretary

ReliaStar Life Insurance Company of New York

Home Office: Woodbury, New York

Administrative Office: 250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

NOTICE TO CALIFORNIA POLICYHOLDERS/CERTIFICATEHOLDERS
KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

If you have a question about your policy, if you need assistance with a problem, or if you have questions about a claim, you may write to us at the above address or call 1-800-955-7736.

You will need to provide your policy number with any communication.

If you do not reach a satisfactory resolution after having discussions with us, or our agent or representative, or both, you may contact the following unit within the Department of Insurance that deals with consumer affairs:

**California Department of Insurance
Consumer Communications Bureau
300 South Spring Street, South Tower
Los Angeles, California 90013**

**Outside Los Angeles: 1-800-927-HELP (1-800-927-4357)
Los Angeles: (213) 897-8921**

Web Site: www.insurance.ca.gov/01-consumers/101-help

ReliaStar Life Insurance Company of New York
Woodbury, New York

**FLORIDA CERTIFICATE ENDORSEMENT
for Group Term Life Insurance**

Your Certificate has been changed to include this endorsement. Please keep this endorsement with your Certificate. This endorsement is subject to all other terms of the Policy, Certificate, riders and endorsements issued.

CERTIFICATE FACE PAGE

The following is added to page 1 of your Certificate:

The benefits of the Policy providing your coverage are governed primarily by the law of a state other than Florida.

ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) RIDER

LEGAL ACTION

Legal action may not be taken regarding a claim until 60 days after the date Written proof of loss has been given to us, and no later than 5 years from the time proof of loss is required, unless otherwise provided under federal law. Nothing in this provision waives, extends or tolls any applicable statute of limitations governing any claim relating in any way to the Covered Person's coverage.



Melissa A. O'Donnell
Secretary

ReliaStar Life Insurance Company of New York

**NOTICE OF PROTECTION PROVIDED BY
PENNSYLVANIA LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION**

This notice provides a **brief summary** regarding the protections provided to the policyholders by the Pennsylvania Life and Health Insurance Guaranty Association (“the Association”). This protection was created under Pennsylvania law, which determines who and what is covered and the amounts of coverage.

The Association was established to provide protection in the unlikely event that your member life, annuity, or health insurance company, RANLI PPO, hospital plan corporation, professional health services plan corporation or health maintenance organization (member insurer) becomes financially unable to meet its obligations. If this should happen, the Association will typically arrange to provide coverage, pay claims, or otherwise provide protection in accordance with Pennsylvania law. The protection provided by the Association is not unlimited and is not a substitute for consumers’ care in selecting companies that are well managed and financially stable.

Below is a brief summary of the coverages, exclusions and limits provided by the Association. This summary does not cover all provisions of the law; nor does it in any way change anyone’s rights or obligations or the rights or obligations of the Association.

COVERAGE

Persons Covered

Generally, individuals will be protected by the Association if the member insurer was a member of the Association and the individual lives in Pennsylvania at the time the member insurer is determined by a court to be insolvent. Coverage is also provided to policy beneficiaries, payees or assignees of such individuals.

Amounts of Coverage

The basic coverage protections provided by the Association per insured in each insolvency are limited in the aggregate to \$300,000 (or \$500,000 in the case of health benefit plans), including specific limits for the following types of coverage but not in excess of the contractual obligations of the member insurer;

Life insurance:

- Up to \$300,000 in death benefits including up to \$100,000 in net cash surrender or withdrawal value.

Accident, accident and health, or health insurance (including HMOs):

- Up to \$500,000 for health benefit plans, with some exceptions.
- Up to \$300,000 for disability income benefits.
- Up to \$300,000 for long-term care insurance benefits.
- Up to \$100,000 for all other types of health insurance.

Individual Annuities

- Up to \$250,000 in the present value of benefits, including cash surrender and net cash withdrawal values.

LIMITATIONS AND EXCLUSIONS FROM COVERAGE

The Association also does not provide coverage for:

- any policy or contract or portion of a policy or contract which is not guaranteed by the member insurer or for which the individual has assumed the risk, such as a variable contract sold by prospectus;

- claims based on marketing materials or other documents which are not approved policy or contract forms, claims based on misrepresentations of policy or contract benefits, and other extra-contractual claims;
- any policy of reinsurance (unless an assumption certificate was issued);
- interest rate yields or increases based on an index that exceed an average rate specified by statute;
- dividends, experience rating credits, or credits given in connection with the administration of a policy or contract by a group contract holder;
- employers' plans that are self-funded (that is, not insured by member insurer, even if member insurer administers them);
- unallocated annuity contracts (which give rights to group contract holders, not individuals) other than in limited circumstances and amounts;
- certain contracts which establish benefits by reference to a portfolio of assets not owned by the member insurer; or
- policies providing health care benefits for Medicare Parts C or D coverage, for Medicaid or under the Pennsylvania program for Comprehensive Health Care for Uninsured Children.

The following policies and persons are among those that are excluded from Association coverage:

- A policy or contract issued by an insurer that was not authorized to do business in Pennsylvania when it issued the policy or contract.
- If the person is provided coverage by the guaranty association of another state.
- A policy issued by a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policyholder is subject to future assessments, or by an insurance exchange.

NOTICES

Member insurers or their agents are required by law to give or send you this notice, and are prohibited by law from using the existence of the Association to induce you to purchase any kind of insurance or other coverage. Policyholders with additional questions should first contact their member insurer or agent. To learn more about coverages provided by the Association, please visit the Association's website at www.palifega.org. You can obtain additional information from the Association by contacting it at the address below. You may also contact the Pennsylvania Insurance Department to file a complaint with the Pennsylvania Insurance Commissioner to allege a violation of any provisions of Pennsylvania laws and regulations relating to insurance including the law establishing the Association:

Pennsylvania Life and Health Insurance
 Guaranty Association
 290 King of Prussia Road
 Radnor Station Building 2, Suite 218
 Radnor, PA 19087
 (610) 975-0572

Pennsylvania Insurance Department
 1209 Strawberry Square
 Harrisburg, PA 17120
 1-877-881-6388
www.insurance.pa.gov

The summary provided by this notice and on the Association's website do not limit or alter the more comprehensive and detailed provisions of the law and are subject to change without notice. The statements made herein are for information purposes only. The Association has not reviewed any specific policy, or verified the information provided regarding residency or other relevant factors. Moreover, whether coverage will be provided to any specific policyholder can only be determined by reference to the statute in effect, at the earliest, at the time that the member insurer is declared insolvent. No final determination of coverage can be made until a member insurer is declared insolvent and the specific factual and legal circumstances can be reviewed. Nothing contained herein is intended to guarantee coverage for any insured, or to bind the Association in any way. Finally, this summary and the Association's website are for general information purposes and should not be relied upon as legal advice.

Texas Residents: Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

ReliaStar Life Insurance Company of New York

To get information or file a complaint with your insurance company:

Call: Customer Contact Center Manager at 1-800-955-7736

Toll-free: 1-888-238-4840 for Life Insurance and 1-877-236-7564 for Supplemental Benefits Insurance

Email: LifeClaims@voya.com

Mail: 250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamacion o con su prima de seguro, llame primero a su compania de seguros. Si no puedo resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, pro su nombre en ingles) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, tambien debe presentar una queja a traves del proceso de quejas o de apelaciones de su compania de seguros. Si no lo hace, podria perder su derecho para apelar.

ReliaStar Life Insurance Company of New York

Para obtener informacion o para presentar una queja ante su compania de seguros:

Llame a: Customer Contact Center Manager at 1-800-955-7736

Telefono gratuito: 1-888-238-4840 for Life Insurance and 1-877-236-7564 for Supplemental Benefits Insurance

Correo electronico: LifeClaims@voya.com

Direccion postal: 250 Marquette Avenue, Suite 900, Minneapolis, MN 55401

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacion ada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electronico: ConsumerProtection@tdi.texas.gov

Direccion postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

ReliaStar Life Insurance Company of New York
Woodbury, New York

**TEXAS CERTIFICATE ENDORSEMENT
for Group Term Life Insurance**

Your Certificate has been changed to include this endorsement. Please keep this endorsement with your Certificate. This endorsement is subject to all other terms of the Policy, Certificate, riders and endorsements issued.

INCONTESTABILITY (GENERAL PROVISIONS section)

The following replaces the third paragraph of the "Incontestability" provision in your Certificate:

Any statement made by the Policyholder or you, in the absence of fraud, is considered a representation and not a warranty. No misrepresentation will be used to contest the validity of the insurance unless such misrepresentation was material to the risk accepted by us.

NOTICE OF CLAIM AND PROOF OF LOSS (LIFE INSURANCE BENEFITS section)

The following is added to the "Notice of Claim and Proof of Loss" provision in your Certificate:

Settlement under the Policy after your death will be made not later than two months after our receipt of proof of your death and proof of the claimant's right to the proceeds.

ACCELERATED DEATH BENEFIT RIDER

If your Certificate includes an Accelerated Death Benefit Rider, then the following disclosures are added to the rider's face page:

The accelerated death benefit under this group policy is intended to qualify for favorable tax treatment under the Internal Revenue Code of 1986. If the accelerated death benefit qualifies for such favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation. Tax laws relating to accelerated benefits are complex. You are advised to consult with a qualified tax advisor about circumstances under which you could receive accelerated benefits excludable from income under federal law.

Receipt of accelerated death benefits may affect your, your spouse or your family's eligibility for public assistance programs such as medical assistance (Medicaid), Aid to Families with Dependent Children (AFDC), supplementary social security income (SSI), and drug assistance programs. You are advised to consult with a qualified tax advisor and with social service agencies concerning how receipt of such a payment will affect you, your spouse and your family's eligibility for public assistance.

The following is also added to the "Effects on Coverage" provision:

If any death benefit remains after payment of an accelerated death benefit, it will be payable upon the death of the Covered Person according to the terms of the Policy including this rider.

The following is also added to the rider:

The cost of the accelerated benefit is incorporated into the cost of Life Insurance and is not a separately identifiable premium.

All other Accelerated Death Benefit Rider provisions remain unchanged.



Melissa A. O'Donnell
Secretary

ReliaStar Life Insurance Company of New York

VERMONT LIFE INSURANCE MANDATORY CIVIL UNION ENDORSEMENT

PURPOSE:

This endorsement is part of the policy, contract, certificate and/or riders and endorsements to which it is attached and is intended to provide benefits for parties to a civil union. Vermont law requires that insurance contracts and policies offered to married persons and their families be made available to parties to a civil union and their families. In order to receive benefits in accordance with this endorsement, the civil union must have been established in the state of Vermont according to Vermont law.

GENERAL DEFINITIONS, TERMS, CONDITIONS AND PROVISIONS:

The general definitions, terms, conditions or any other provisions of the policy, contract, certificate and/or riders and endorsements to which this mandatory endorsement is attached are hereby amended and superseded as follows:

Terms that mean or refer to a marital relationship or that may be construed to mean or refer to a marital relationship: such as "marriage," "spouse," "husband," "wife," "dependent," "next of kin," "relative," "beneficiary," "survivor," "immediate family" and any other such terms include the relationship created by a civil union.

Terms that mean or refer to a family relationship arising from a marriage such as "family," "immediate family," "dependent," "children," "next of kin," "relative," "beneficiary," "survivor" and any other such terms include the family relationship created by a civil union.

Terms that mean or refer to the inception or dissolution of a marriage, such as "date of marriage," "divorce decree," "termination of marriage" and any other such terms include the inception or dissolution of a civil union.

"Dependent" means a spouse, a party to a civil union, and/or a child or children (natural, stepchild, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

"Child or covered child" means a child (natural, stepchild, legally adopted or a minor who is dependent on the insured for support and maintenance) who is born to or brought to a marriage or to a civil union.

CAUTIONARY DISCLOSURE:

THIS ENDORSEMENT IS ISSUED TO MEET THE REQUIREMENTS OF VERMONT LAW AS EXPLAINED IN THE "PURPOSE" PARAGRAPH OF THE ENDORSEMENT. THE FEDERAL GOVERNMENT OR ANOTHER STATE GOVERNMENT MAY NOT RECOGNIZE THE BENEFITS GRANTED UNDER THIS ENDORSEMENT. YOU ARE ADVISED TO SEEK EXPERT ADVICE TO DETERMINE YOUR RIGHTS UNDER THIS CONTRACT.

Wisconsin Complaint Notice
applicable to Wisconsin residents

KEEP THIS NOTICE WITH YOUR INSURANCE PAPERS

PROBLEMS WITH YOUR INSURANCE? If you are having problems with your insurance company or agent, do not hesitate to contact the insurance company or agent to resolve your problem.

ReliaStar Life Insurance Company of New York
Customer Service
P. O. Box 20
Minneapolis, MN 55440-0020
1-800-955-7736

You can also contact the **OFFICE OF THE COMMISSIONER OF INSURANCE**, a state agency which enforces Wisconsin's insurance laws, and file a complaint. You can file a complaint electronically with the **OFFICE OF THE COMMISSIONER OF INSURANCE**

at its website at <http://oci.wi.gov/>,

or by contacting:

Office of the Commissioner of Insurance
Complaints Department
P. O. Box 7873
Madison, WI 53707-7873
1-800-236-8517
608-266-0103.

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